

Guidance on submitting adjusted RTT data for completed admitted pathways

Version 1 – December 2007

1. Introduction

The 18 weeks rules refresh published in November 2007 announced, that RTT clocks for admitted patients may be **paused** to take into account **delays** introduced because patients turn down offers of admissions made with reasonable notice.

Delivery of the March 2008 RTT milestone for admitted pathways (85% within 18 weeks) will be assessed on an adjusted basis, i.e. excluding any periods of clock pause. Adjustments do not apply to non-admitted pathways.

Monitoring of adjusted RTT times for admitted pathways will be introduced on a voluntary basis from January 2008 for both the monthly RTT collection and the weekly 18 weeks PTL. For the monthly collection, adjusted data for January and February may be submitted through Unify2 on a voluntary basis (during February and March respectively). The submission of adjusted monthly data will be mandatory from March 2008 onwards.

On 18 Weeks PTL data organisations can submit adjusted data instead of unadjusted data as soon as they are able to do so but will need to submit on an adjusted basis by March 2008 onwards at the latest. There is no specific timetable for introducing adjusted PTL data and unlike the monthly RTT data, organisations will not be asked to submit both adjusted and unadjusted PTLs. The adjusted PTL will replace the unadjusted PTL, as soon as organisations are ready, using the same upload template and process.

Organisations should continue to submit the usual RTT return (for unadjusted admitted pathways, non-admitted pathways and incomplete pathways) through Unify2 as now. The facility to submit adjusted RTT times through Unify2 will be via a separate data collection template.

Further details on calculating, reporting and submitting adjusted waits are given below.

2. Background information

It is recognised that for some patients, 18 weeks is inconvenient or clinically inappropriate. Namely, this relates to the following three types of patients:

- i. Patient choice – patients who choose not to accept earliest offered appointments along their pathway or choose to delay treatment
- ii. Co-operation - patients who do not attend appointments along their pathway
- iii. Clinical exceptions - patients with clinically complex conditions and/or co-morbidities unsuitable to be treated within 18 weeks

These three categories of patients will be dealt with by a combination of adjustments and an operational tolerance. We will use clock pauses to reflect patient choices during the admitted phase of an admitted pathway. The other elements will be covered by the operational tolerance. RTT performance from March 2008 onwards will be judged on this basis across the whole of the NHS.

3. Definitions

Admission - The act of admitting a patient for a day case or inpatient procedure.

Admitted pathway - A pathway that ends in a clock stop for admission (day case or inpatient).

Decision to admit - Where a clinical decision is taken to admit the patient for either a day case or inpatient stay.

Non-admitted pathway - A pathway that results in a clock stop for treatment that does not require an admission or for 'non-treatment'.

Pause/ clock pause - The act of pausing a patient's 18-week RTT clock. Clocks may only be paused for non-clinical reasons and only where a patient chooses to wait longer for admission than two *reasonable offers* made by the provider.

Reasonable offer - an offer of a time and date three or more weeks from the time that the offer was made.

4. When can adjustments be made?

An RTT clock may be paused only where a decision to admit for treatment has been made, and the patient has declined at least two reasonable offers for admission. Adjustments cannot be applied for a diagnostic or other admission prior to the admission for first definitive treatment.

Where a decision to admit for treatment has been made, many patients will choose to be admitted at the earliest opportunity. However, not all will. It would not be appropriate to *pause* a clock for patients who cannot commit to come in at short notice. A clock may only be paused therefore when a patient has turned down two or more 'reasonable offers' of admission dates.

If a patient declines these offers and decides to wait longer for their treatment, then their clock may be paused from the date of the earliest reasonable offer and should restart from the date that a patient makes themselves available again for admission.

5. Submitting adjusted data

5.1 Monthly RTT data

Organisations should continue to submit the usual RTT monthly return (for unadjusted admitted pathways, non-admitted pathways and incomplete pathways) through Unify2 as now. The facility to submit adjusted RTT times will be via a separate monthly data collection template within Unify2.

Adjusted monthly RTT data for January and February may be submitted through Unify2 on a voluntary basis (during February and March respectively). The submission of adjusted monthly RTT data will be mandatory from March 2008 onwards. The timetable will be the same as the current monthly RTT timetable. A full timetable will be issued in January 2008.

Data for completed admitted pathways should be submitted on the adjusted data form. Where clock pause/s were applied along the pathway, the adjusted RTT time should be reported. For pathways where no clock pause occurred, the unadjusted RTT time should be reported. The total number of completed pathways reported in the adjusted data monthly form should equal the total number of completed pathways reported in Part 1a (completed admitted pathways) of the usual monthly RTT return.

5.2 18 weeks PTL data

Organisations should be completing their 18 Weeks PTL on an adjusted basis from the week ending 2nd March 2008 onwards, and earlier if possible. The process for submitting the adjusted PTL via Unify2 will be the same as for unadjusted data. Organisations will not be asked to submit both adjusted and unadjusted PTLs - the adjusted PTL should replace the unadjusted PTL by week ending 2nd March 2008.

6. Options for identifying the duration of the pause

If a patient has declined two or more reasonable offers of admission dates, the RTT clock may be paused from the date of the earliest reasonable offer. The RTT clock should restart from the date that a patient makes themselves available again for admission.

The "Earliest Reasonable Offer Date" data item, which was introduced into Commissioning Data Sets v6 from October 2007 (see Data Set Change Notice 09/2007 for further information), can be used to record the earliest reasonable offer given to the patient. The value in this field can then be used as the start of the clock pause.

The clock restart date (i.e. the end of the pause) should be the date that the patient makes themselves available again. The date of admission accepted by the patient can be used but only if:

- The clock restart date is clearly communicated to the patient.
- The time between the patient becoming available and the admission date is limited

It is recognised that, in the short term, while the use of earliest reasonable offer is being established to pause pathways, it may be helpful for trusts to use the method employed by some of the early achiever sites to adjust RTT pathways. Details are provided below. DH continues to work with Connecting for Health to enable RTT measurement, including the accurate measurement of clock pauses.

Method used by early achievers

When reporting inpatient stages of treatment waits, there are two types of adjustment that may be applied - clock resets and suspensions. Suspensions will be either clinical suspensions or social suspensions. Clinical suspensions and clock resets are not applicable to RTT. A social suspension identifies the period a patient makes themselves unavailable for an admission and so is being used by the early achievers to adjust admitted pathways. This requires the provider to be able to separately identify social suspensions from other adjustments. This method should only be used in the short term and providers should move to recording the pause due to a patient turning down two reasonable offers as soon as possible.

To enable the reporting of adjusted waits in the short term:

- i) Identify those patients who had a period of suspension during their admitted pathway
- ii) Differentiate between those patients who had had a clinical suspension and those who had had a social suspension. For those patients who had both a clinical suspension and a social suspension, it is only the social suspension that is relevant in the context of adjustments.
- iii) For those patients with a period of social suspension during their pathway, identify the length of adjustments in reporting a Korner inpatient stage of treatment wait.
- iv) Identify the length of social suspensions during each pathway where a social suspension has occurred.
- vi) Deduct the length of the social suspension from the reported unadjusted pathway wait.
- vii) Report the adjusted wait for those patients with an adjustment and the unadjusted wait for those where no adjustment is applicable.

7. Further information

For further help or advice on submitting adjusted RTT data, please contact us:

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