



Delivering the 18 week patient pathway 

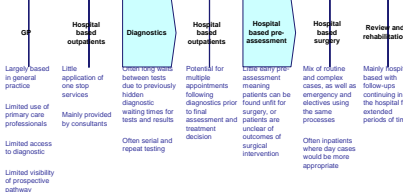
Developing 18 week Commissioning Pathways

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Currently, some care pathways include unnecessary sequential steps, not all of which provide clinical value for patients



GP
Largely based in general practice
Limited use of primary care professionals
Limited visibility of prospective pathway

Hospital based outpatients
Little application of one stop services
Mainly provided by consultants
Often serial and repeat testing

Diagnostics
Clustering tests between tests due to previously hidden diagnostic waiting times for tests and results

Hospital based outpatients
Potential for multiple appointments following diagnostics prior to final assessment and treatment decision

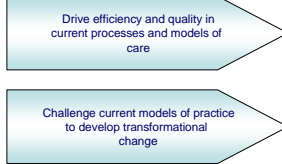
Hospital based pre-assessment
Increasing pre-assessment meaning patients can be found unfit for surgery or patients are unclear of outcomes of surgical intervention

Hospital based surgery
Mix of routine and complex cases, as well as emergency and electives using the same processes
Often inpatients where day cases would be more appropriate

Review and rehabilitation
Mainly hospital based with follow-ups continuing in the hospital for extended periods of time

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Driving implementation and transformation



Delivery of 18 weeks

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Service Transformation Vs Service Improvement

Service Improvement

- Tools and techniques to deliver efficiency and productivity along the pathway
- Help clear the backlog
- Help deliver service transformation

Service Transformation

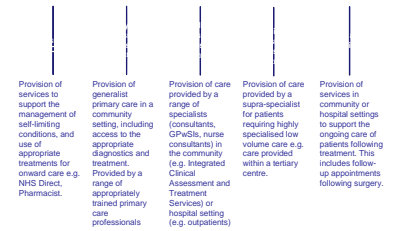
- Something that looks and feels very different from when it started
- The objective is to not only influence processes, but to change mindsets, cultures, activities, and organisational power bases

Why?

- Because more of the same faster won't work!
- Shift from stages of treatment into whole pathway
- Sustainability of service improvement on stages of treatment

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New pathway models are emerging which address the issues of existing pathways



Provision of services to support the management of self-limiting conditions, and use of appropriate treatments for onward care e.g. NHS Direct, Pharmacist.

Provision of generalist primary care in a community setting, including access to the appropriate diagnostics and treatment. Provided by a range of appropriately trained primary care professionals

Provision of care provided by a range of specialists (consultants, GPs, nurses, nurse consultants) in the community (e.g. Integrated Clinical Assessment and Treatment Services) or hospital setting (e.g. outpatients)

Provision of care provided by a supra-specialist for patients requiring highly specialised low volume care e.g. care provided within a tertiary centre.

Provision of services in community or hospital settings to support the ongoing care of patients following treatment. This includes follow-up appointments following surgery.

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18 week Commissioning Pathways

The 18 week team have led the development of condition and symptom based (where possible) good practice commissioning pathways for the highest volume 12 specialities.

To:

- Challenge existing practice
- Utilise service improvement tools and techniques
- Maximise opportunities for transformational change
- Support commissioners to deliver 18 weeks

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Principles of the Commissioning Pathways

- Clinically driven pathways** that commence at the patients' presentation of symptoms and end at completion of the patients' journey
- Pathways **not defined** by whether they are delivered in **primary or secondary care, or by which speciality or professional**
- Patient focussed** e.g. reflect the patients' view of when the pathway starts and finishes, as well as their health needs and preferences
- Maximise opportunities for **utilising service improvement** to improve efficiency and productivity along the patient pathway

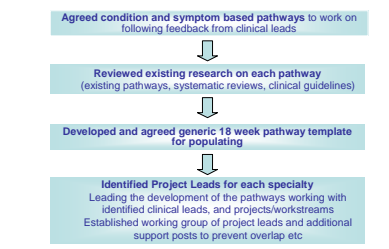
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Pathway Development – 2 phases

Phase 1 Outlining the service model to support commissioners in commencing local discussions on service models - **transforming the pathway**

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Process for Development of Phase 1



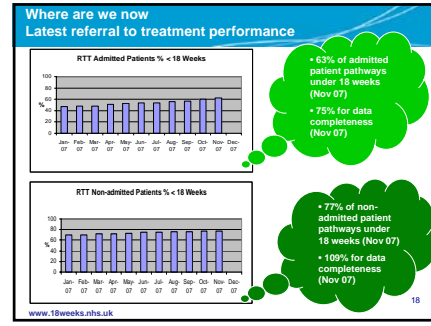
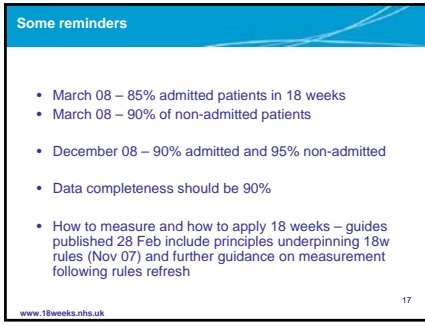
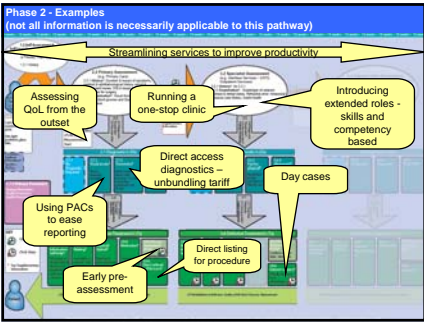
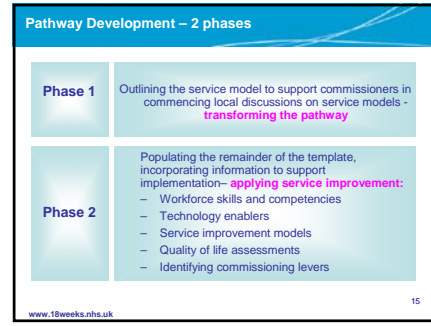
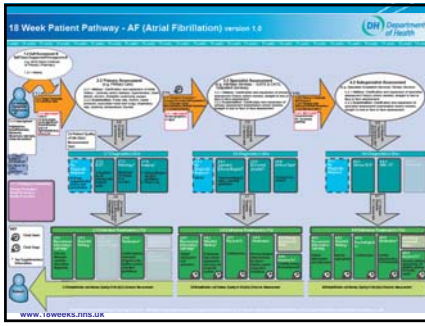
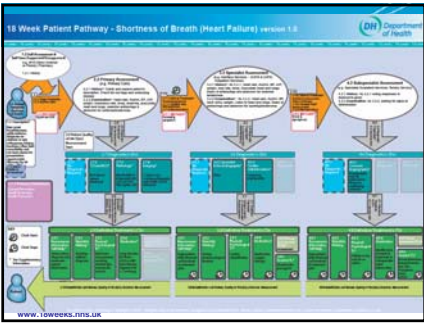
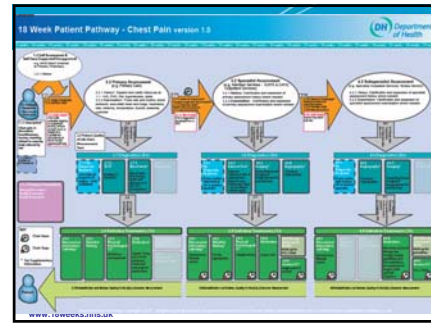
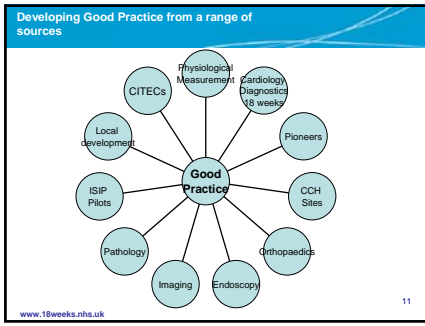
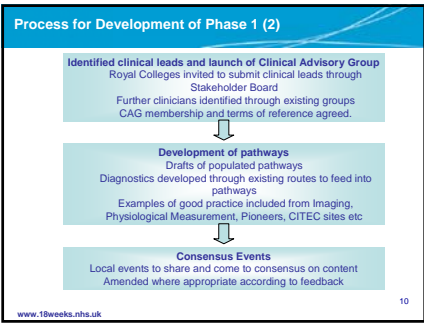
Agreed condition and symptom based pathways to work on following feedback from clinical leads

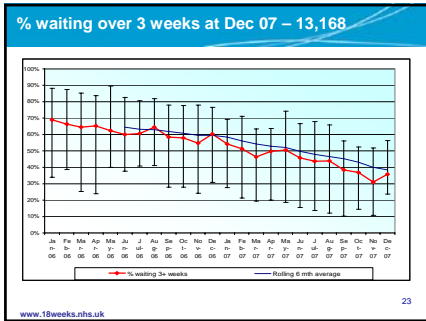
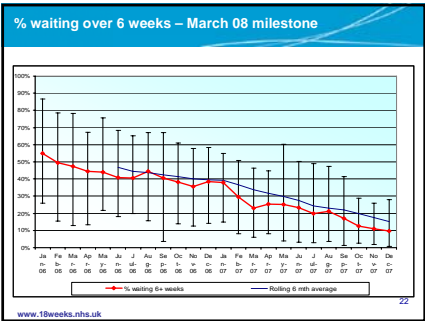
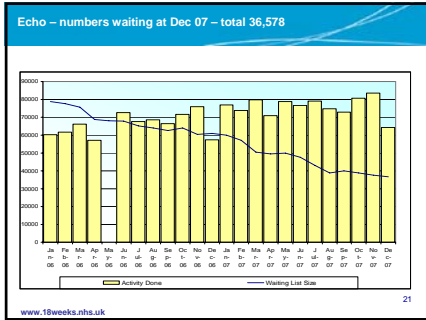
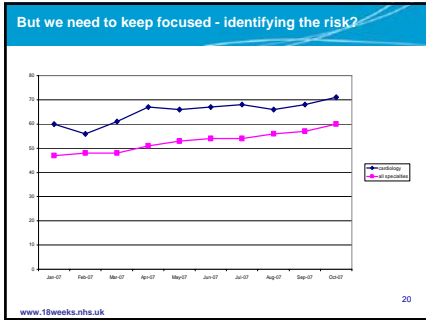
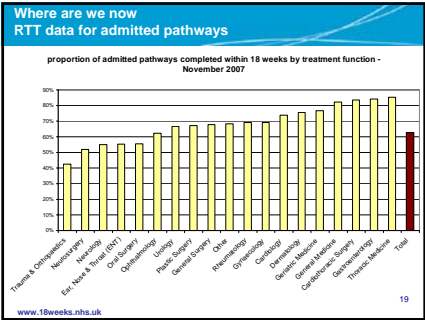
Reviewed existing research on each pathway (existing pathways, systematic reviews, clinical guidelines)

Developed and agreed generic 18 week pathway template for populating

Identified Project Leads for each speciality
Leading the development of the pathways working with identified clinical leads, and projects/workstreams
Established working group of project leads and additional support posts to prevent overlap etc

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Coming shortly

- Integration of Cancer / Heart / Stroke improvement teams at national level =

NHS Improvement

- To be launched 1 April 2008

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More info on our table and at
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