## Referral To Treatment (RTT) issues in BHR

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<thead>
<tr>
<th>Title:</th>
<th>Referral To Treatment (RTT) issues in BHR</th>
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<tr>
<td>Report of Accountable Officer for BHR Clinical Commissioning Groups</td>
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<td>Open Report</td>
<td>For Information</td>
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<tr>
<td>Wards Affected: ALL</td>
<td>Key Decision: No</td>
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<tr>
<td>Report Author:</td>
<td>Contact Details:</td>
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<tr>
<td>Faith Button</td>
<td><a href="mailto:Faith.BUTTON@bhrhospitals.nhs.uk">Faith.BUTTON@bhrhospitals.nhs.uk</a></td>
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<tr>
<td>Joint RTT Programme Lead, BHR CCGs &amp; BHRUT</td>
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<td>Sponsor:</td>
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<td>Conor Burke, Accountable Officer BHR Clinical Commissioning Groups</td>
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## Summary:

The NHS Constitution gives patients the right to access services within 18 weeks following a GP referral. Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) which runs King George and Queen’s Hospitals, suspended formal reporting of its Referral To Treatment (RTT) performance in February 2014 due to a lack of confidence in the ability of the Trust to reliably report both the numbers of patients waiting.

BHR CCGs and BHRUT were tasked to develop and deliver by NHS England (NHSE) and the NHS Trust Development Agency (NTDA), an RTT recovery plan and report regularly to NHSE/NTDA to provide the necessary assurance.

Despite BHRUT data quality not being assured its March 2016 Board papers stated that it had 1,015 patients waiting more than 52 weeks on the elective RTT pathway. This led to considerable national publicity.

An independent auditor has now been brought in to verify the data and patient numbers. Details on the precise number of Barking and Dagenham (B&D patients waiting is to be confirmed by BHRUT shortly).

Since March the number of 52 week waiters in BHRUT has reduced to reportedly just under 800. NHSE (London), has written to the BHR CCG Chairs and Accountable Officer outlining their concerns.

BHRUT does not have sufficient spare capacity to address the current backlog or the levels of referrals currently being generated by GPs.
An RTT summit took place on Thursday 14 April with BHRUT Chief Executive, Medical Director, CCGs Accountable Officer, CCG Chairs and clinical directors from both organisations and agreed a system RTT recovery plan. These actions tackle the following areas:

- Trust capacity and delivery
- Theatre productivity
- Transfer of activity to the independent sector
- Referral management

**Recommendation(s)**

Members of the Health and Wellbeing Board are recommended to:

1. Note that the CCGs and BHRUT have developed and agreed a refreshed RTT recovery plan to more effectively tackle the issue of long patient waits and to offer necessary assurance to all stakeholders including patients and the public.
2. The recovery plan is currently being reviewed by NHS England and NHS Improvement (formerly NTDA).

**Reason(s):**

The timely treatment of patients referred to secondary care by their GPs is a right under the NHS constitution and a marker for a safe, high quality, local NHS.

1. **Background**

1.1 The NHS Constitution gives patients the right to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer patients a range of suitable alternative providers if this is not possible. Even if a patient requires a range of tests and appointments this should take no longer than 18 weeks.

1.2 The number of patients waiting beyond the 18 weeks limit is formally reported by Trusts to NHS England and monitored as a key performance standard.

1.3 BHRUT, which runs King George and Queen’s Hospitals, suspended formal reporting of its Referral to Treatment (RTT) performance in February 2014. This was due to a lack of confidence in the ability of the Trust to reliably report both the numbers of patients waiting, and the length of wait for elective care and treatment. A number of other trusts across England have also suspended reporting due to data issues during this time.

1.4 The Trust identified issues with the accuracy of waiting times data since upgrading their Patient Administration System which led to a backlog of patients waiting longer than the 18 week referral to treatment time standard.
As a result, the BHR CCGs and the Trust were tasked, by NHSE and the NDTA, with developing a plan to deliver the constitutional target. In additional regular reporting to NHSE and the NDTA was put in place to provide the necessary assurance on progress. The CCGs have been working closely with the Trust since that time to support their recovery plan. Despite this, the RTT performance issue has remained a high level risk.

This information was shared with stakeholders in RTT briefings from the Trust, available on its website: [http://www.bhrhospitals.nhs.uk/about-us/News/issue-briefs.htm](http://www.bhrhospitals.nhs.uk/about-us/News/issue-briefs.htm)

GPs have reported awareness of the long waits for some of their patients and some have escalated these with BHRUT, but the Trust have been unable to track patient level activity due to ongoing data issues. GPs in Barking and Dagenham have also raised concerns with the CCG about availability of Dermatology appointment slots.

**Scale of the issue**

Despite BHRUT data quality not being assured, BHRUT revealed in its March 2016 Board papers that it had 1,015 patients waiting more than 52 weeks on the elective RTT pathway. The number of patients waiting over 18 weeks is circa 17,500. This is the largest number of patients in the NHS. In addition to the existing local concerns, the release of the data led to national publicity about the length of the waiting times for BHRUT patients and additional scrutiny on the local system.

The number of 52 week waiters has already reportedly come down to just over 800, but NHSE (London), has written to commissioners outlining its ongoing concerns.

An independent auditor has now been brought into BHRUT to verify the data and patient numbers. We are still waiting for confirmation of the number of B&D patients waiting for treatment having been referred by their GP.

**Commissioner and Trust response to date**

As a result, commissioners and the Trust have increased resources to address the issue and put a series of additional actions in place, forming project groups to deliver a number of urgent work streams and setting up a dedicated Project Management Office (PMO) to enable partners to effectively tackle this issue together.

Based on the current position, the cost of clearing the RTT backlog and the Trust returning to compliance with the Constitutional Standard is estimated at £9m-£14m in 16/17. No additional funding has yet been made available to Commissioners who are asked to plan for this expenditure within existing allocations and business rules.
3.3 BHRUT does not have sufficient spare capacity to address the current backlog or the levels of referrals currently being generated by GPs so commissioners are urgently setting up a response that includes:

- Outsourcing/redirection waiting patients to alternative providers
- Demand management including use of alternative providers, (including additional community provider clinics)
- Improving patients pathways to reduce delays and duplication
- Trust looking to increase capacity by recruiting 17 additional staff
- Trust looking to increase activity through its operating theatres
- Weekly assurance meetings with NHSE as well as local RTT Programme Board
- A new PMO supporting data collection/sharing and monitoring for assurance
- A communications and engagement plan which includes patients, public and other stakeholders.

3.4 An example of an action that has been taken is that a Community Dermatology Service will be running in Barking and Dagenham from 25th April. Further details on the actions being taken and the governance/programme structure in place to oversee the plan is included in Appendix 1 (the most up to date position will be shared at the meeting)

3.5 A number of principles have been agreed regarding this work including:

- not suppressing clinical necessary referrals, for example consultants will still be able to referral patients to other consultants when this is a part of the patient pathway
- not increasing the workload on primary care, without agreement for example establishing additional shared care pathways.

4. RTT summit

4.1 An RTT ‘summit’ took place on Thursday 14 April with CCG and BHRUT clinicians, the BHRUT CE and Medical Director and CCG Accountable Officer to:

- Approve the revised plan and governance arrangements
- Agree that there be better engagement between primary and secondary care clinicians
- That each CCG take a lead for x3 specialities and alternative arrangements on behalf of all three CCGs
- Clear communications to all affected and key stakeholders.
5. **Support from the Health and Wellbeing Board**

5.1 Given the scale of the problem the members of the Health and Wellbeing Board can provide valuable support in the following ways:

- In communicating the message to members of the public
- Championing BHRUT as a good place to work, supporting staff recruitment
- Supporting members of the public to choose alternative providers.