



Referral-To-Treatment (RTT) Times Simulation: Patients Waiting for Elective Care

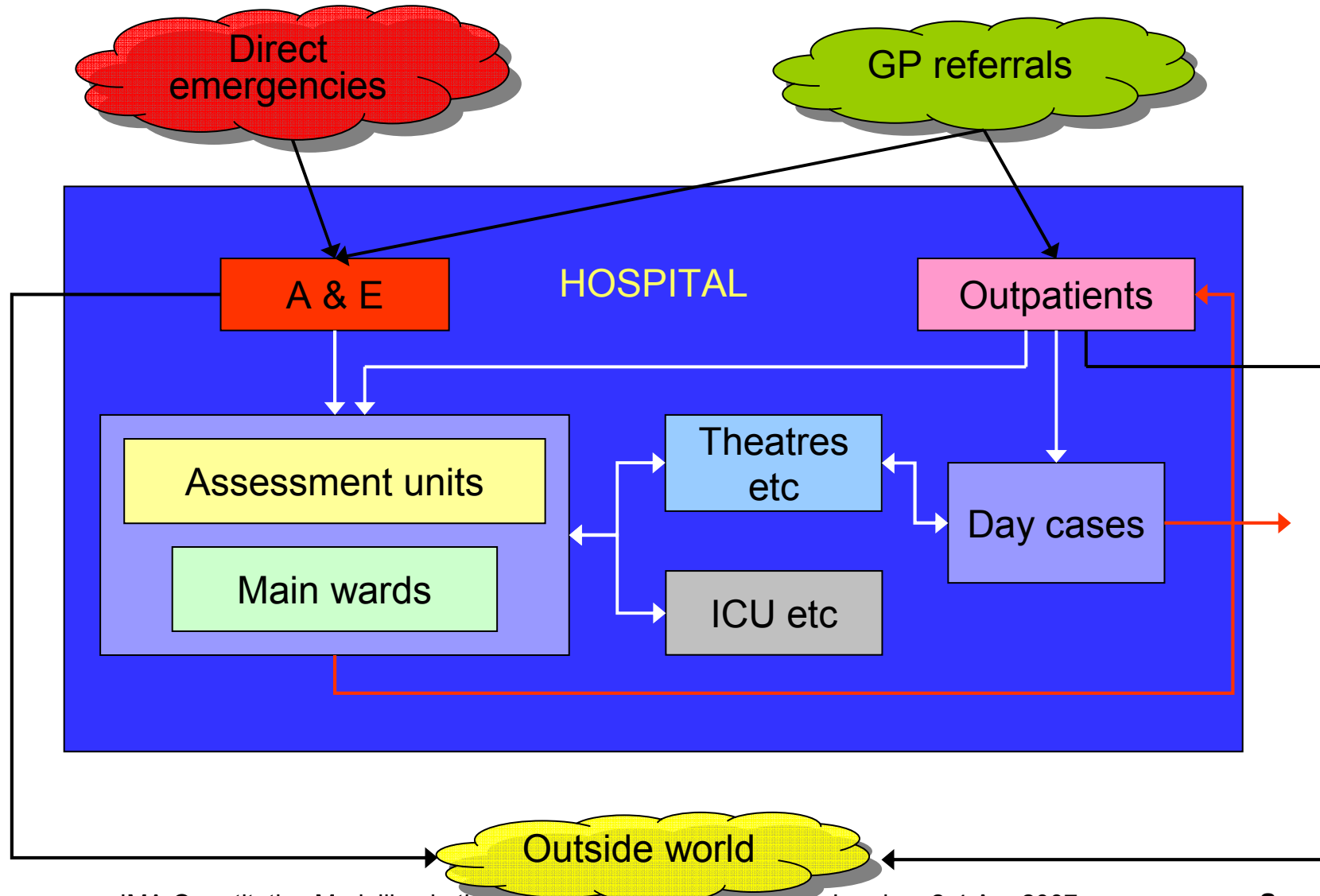
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IMA Quantitative Modelling in the Management of Health Care
London, 2-4 Apr 2007

Outline

- Introduction
 - NHS Performance Measurement framework
 - The 18-week Target
 - DGHPSim Project
- A Simulation Model for the 3 Phases in Referral-To-Treatment (RTT) Patient Journey
 - Waiting for First Out-patient appointment
 - Waiting for Decision to admit
 - Waiting for Bed
- Data and validation issues
- Conclusion

DGHPSim project



Performance Measurement & Targets

National Health Service (NHS) performance assessment framework

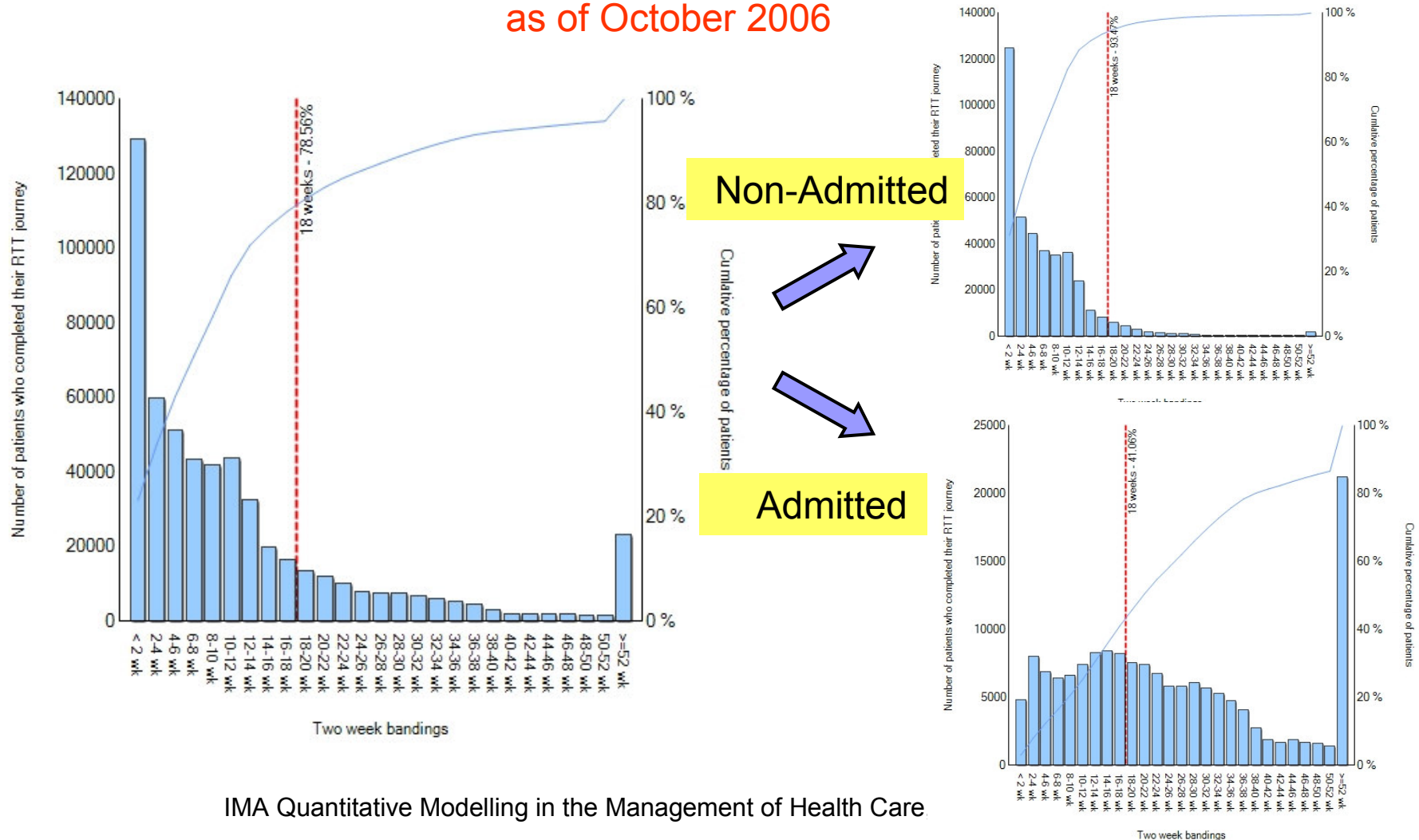
- Government wants value for money from £90B
- Performance assessment framework
 - Had star ratings for hospitals
 - Now have Annual health check (on hospitals not patients!)
 - Includes targets
- Some waiting time targets
 - Patients should spend max 4 hour in A&Es
 - First outpatient appointment in under 13 weeks
 - Referral-to-Treatment (RTT) in 18 weeks

Performance Targets

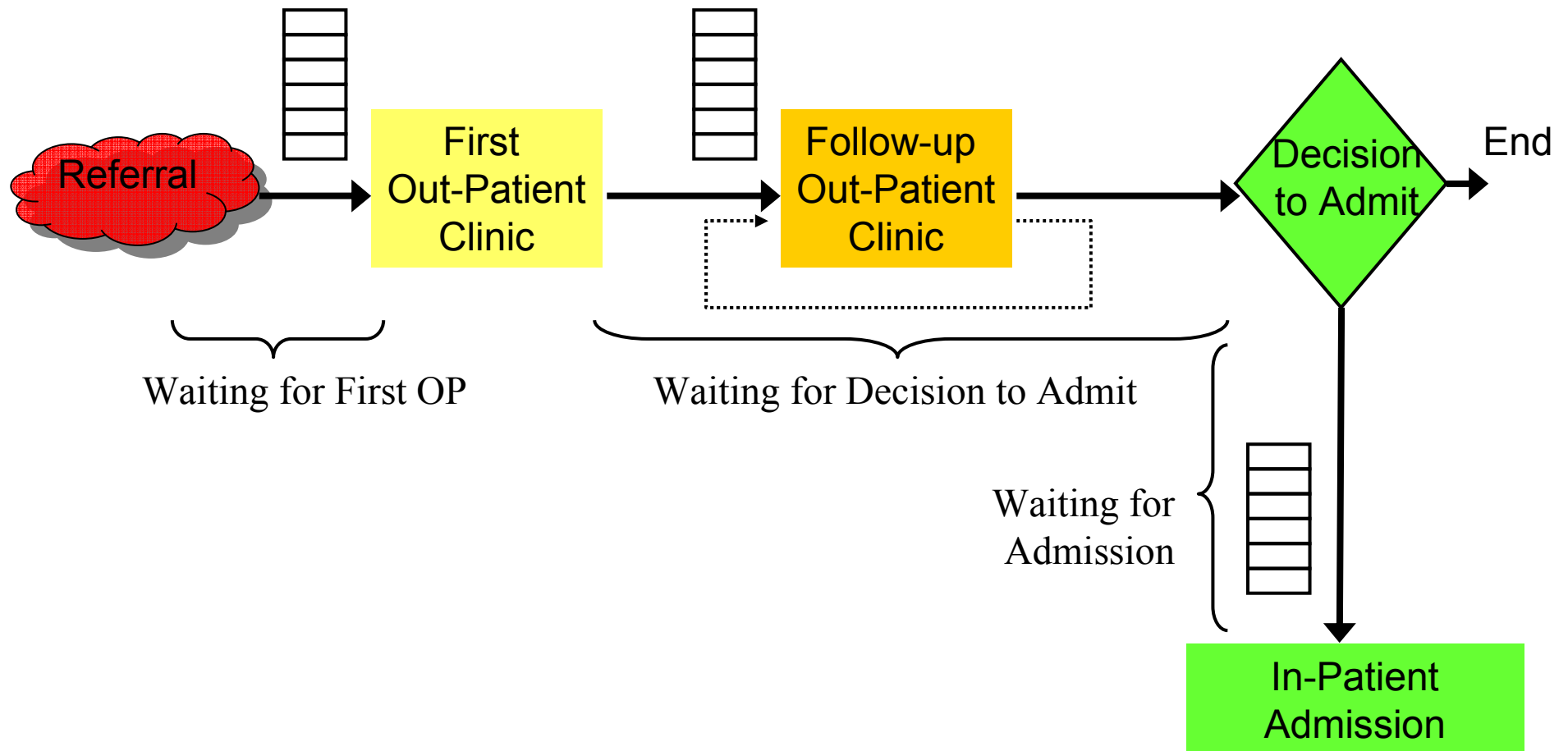
- Targets now tighter, e.g.
 - RTT down from 26 weeks to 18 weeks by 2008
- Have led to real improvements in England
 - A&E waits down from max 8 hours to 4
 - Elective in-patient waits down by 50%
 - But, some unknowns and concerns
 - Interactions
 - Feasibilities (e.g. of 18 weeks RTT)
- DGHPsim Project
 - To investigate;
 - Interaction between targets
 - Feasibility of targets

18-Week RTT – Current Situation

ALL Hospitals in England (Admitted and Non-admitted)
 from NHS Institute's No Delay Achiever – Patient Journey Analyzer Tool
 as of October 2006



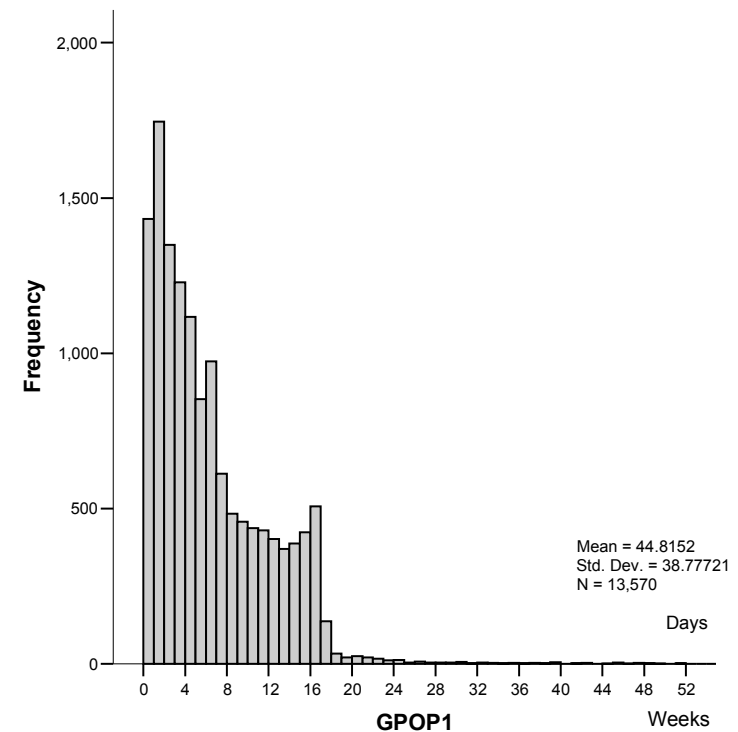
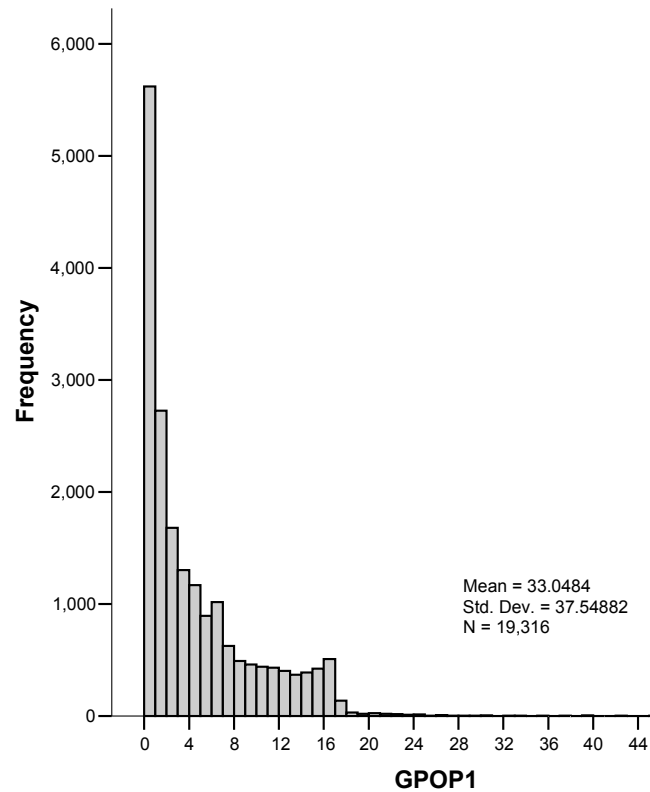
RTT Phases (for Admitted Patients)

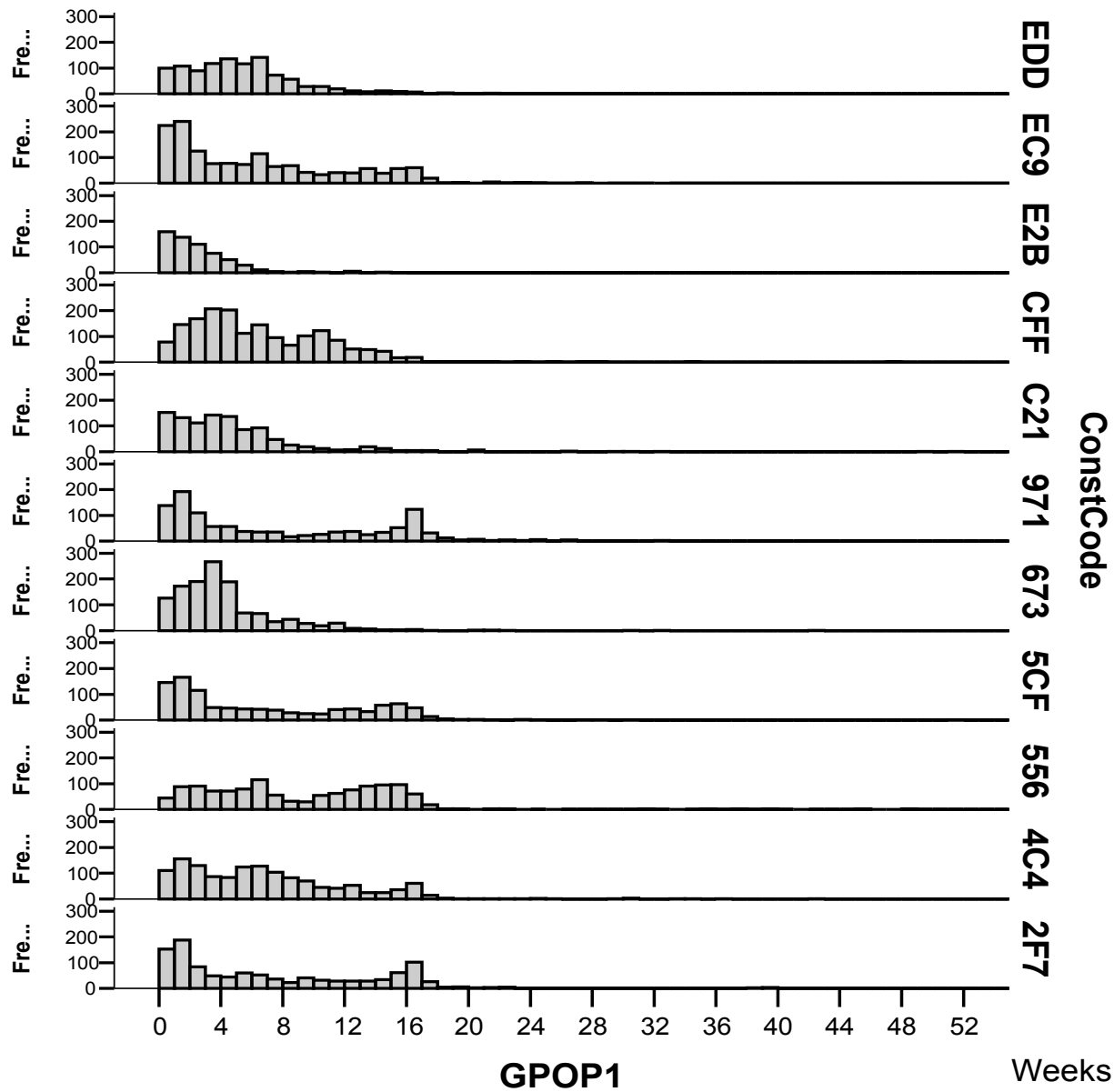


Royal Lancaster Infirmary (RLI) Trauma & Orthopaedics

Waiting for First Appointment
 All referrals

After excluding A&E referrals





RLI

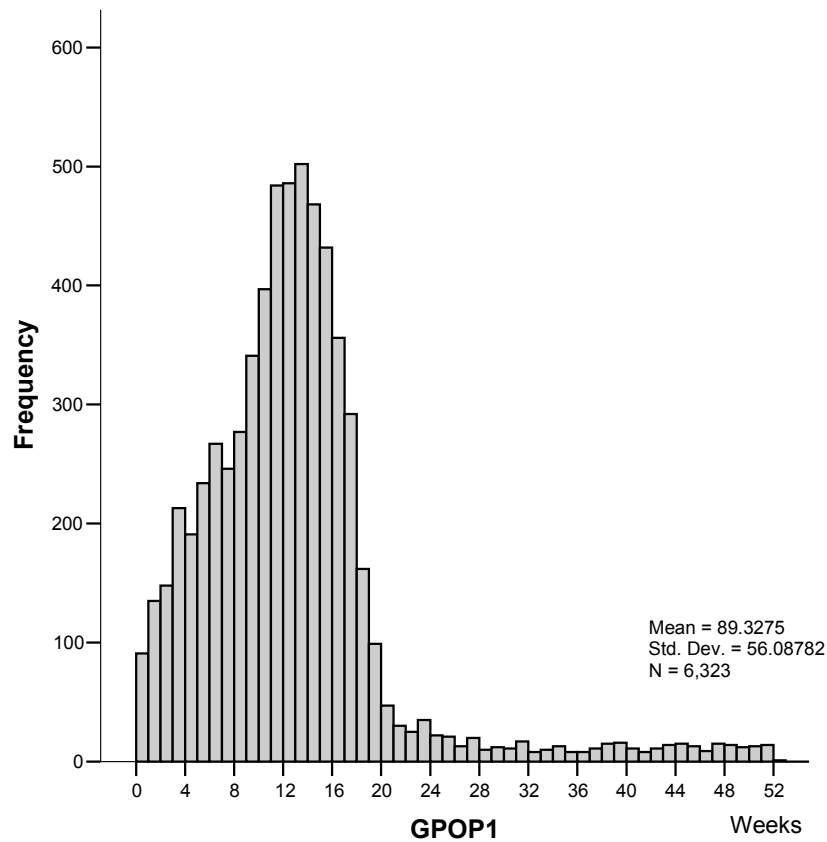
Trauma & Orthopaedics

Consultant Level

Waiting Times for First OP Appointment

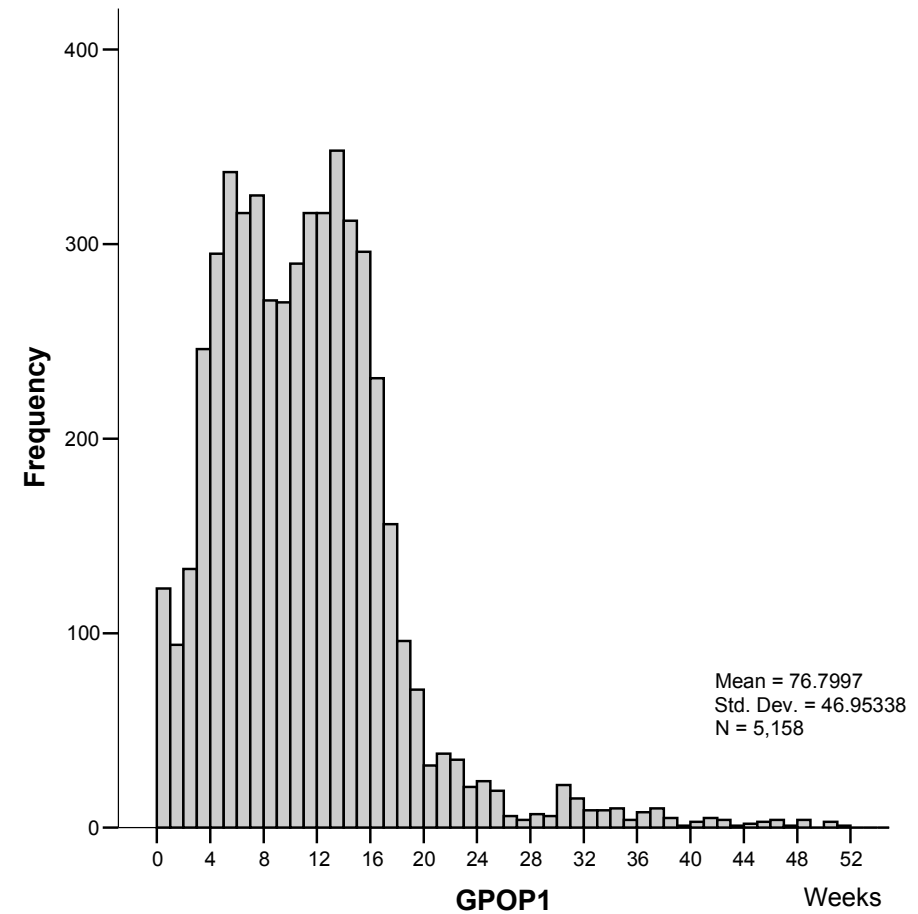
Luton & Dunstable Hospital

Trauma & Orthopaedics



Hope Hospital - Salford

Trauma & Orthopaedics

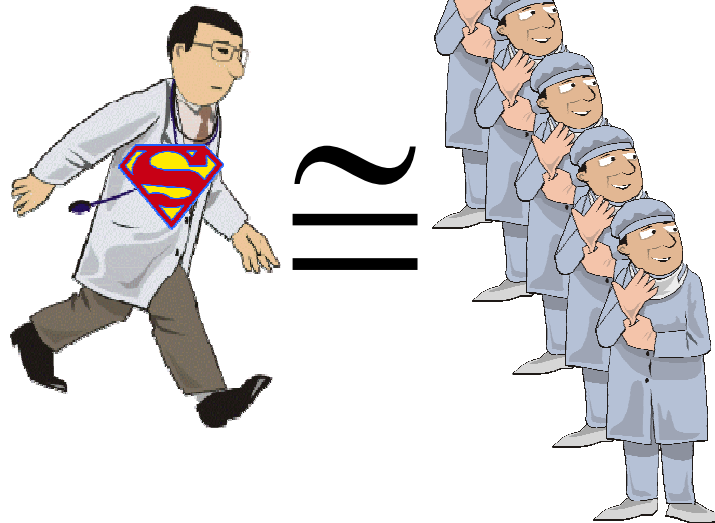


Issues – Outpatient Model

- Needs a booking system, which increases level of detail
 - Unlikely to fit same model to each consultant, and each specialty, in every hospital
- Ratio of new/follow-up patients may vary according to change in demand
 - The system may regulate itself
- Problem of estimating delays from 1st OP to Decision to Admit
 - Clock stops & game playing

Specialties, not Consultants?

Super Consultant
 [Trauma&Orthopaedics]



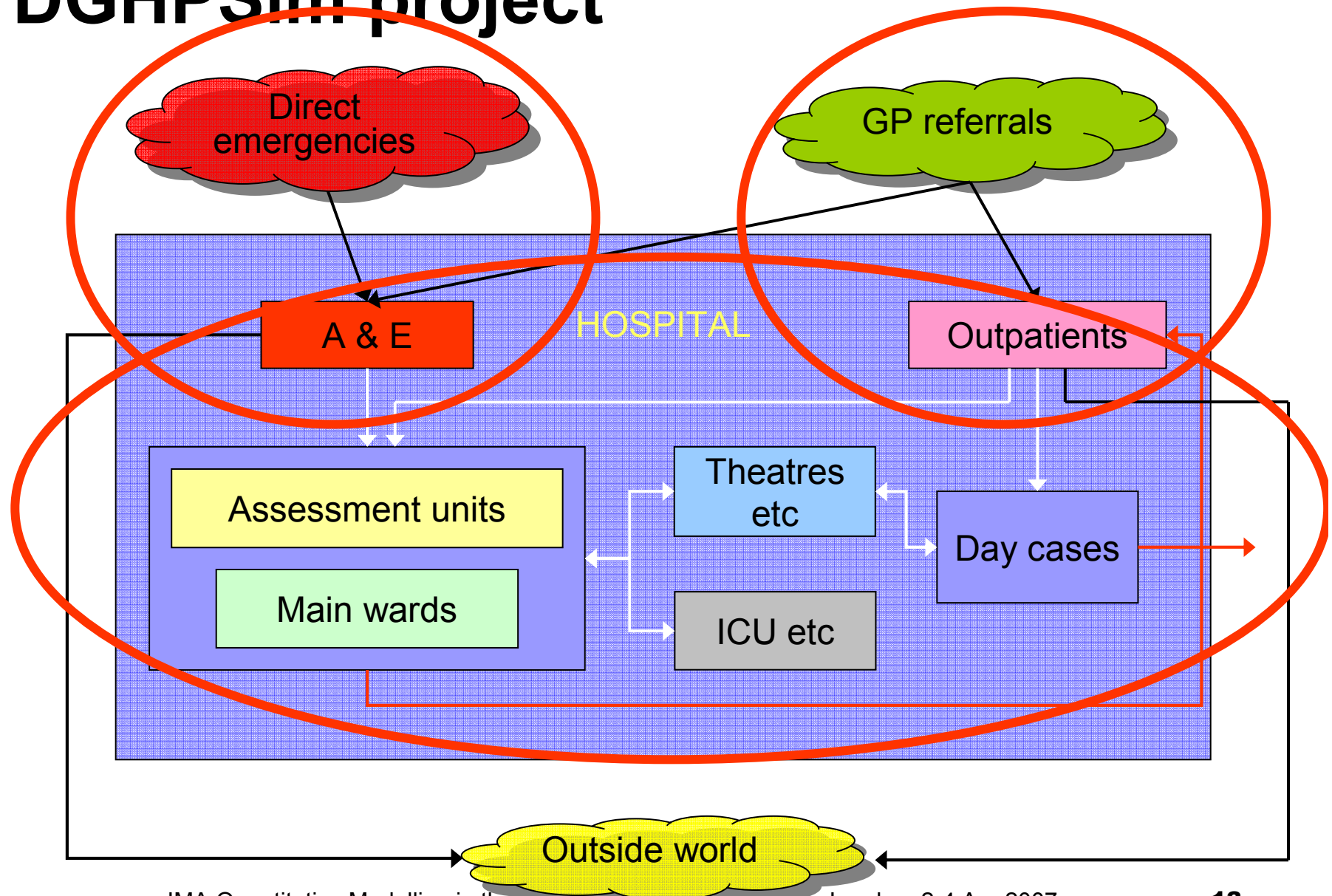
Attributes of Super Consultant

- Number of Consultants
- Number of Clinics in a week
- Types of Appointments
- Duration of Appointments
- Priority rules

A consultant's schedule, such as

Consultant	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	0.5	1	0.25	0.25	0	0	0
2	0.75	0	1	0	0.25	0	0
3	0	0	0.5	1	0	0	0
4	0.5	0	0.5	0	1	0	0
5	0	0.75	0	1	0	0	0

DGHPSim project

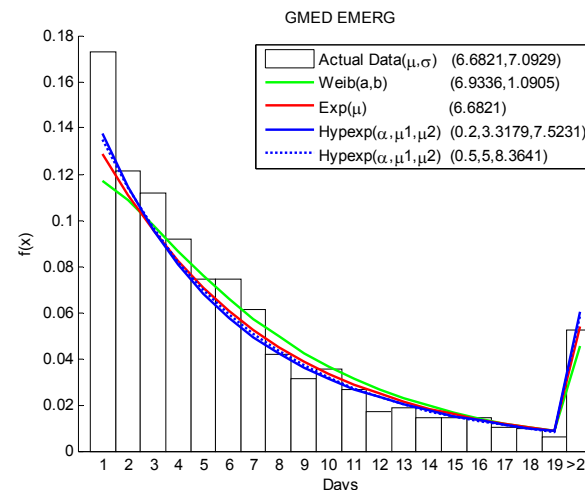


Inpatient Model – Overview

- Links OP Demand with IP (& Emergency) Bed Capacity
- Patient journeys in hospital: Ward Transition Matrix, e.g.

Emergency										
	Gate	GMED	GSUR	GCRI	GSPE	GELD	GWOC	GASM	Disc	Row Total
Gate		0.069	0.002	0.080	0.001	0.001	0.001	0.846		1.000
GMED		0.090	0.052	0.011	0.007	0.069	0.021	0.003	0.746	1.000
GSUR		0.034	0.086	0.022	0.003	0.037	0.015		0.802	1.000
GCRI		0.357	0.025	0.016		0.007		0.032	0.564	1.000
GSPE		0.135	0.054		0.135	0.027			0.649	1.000
GELD		0.043	0.017	0.009		0.088		0.009	0.835	1.000
GWOC		0.010	0.031			0.010	0.041		0.907	1.000
GASM		0.525	0.025	0.019	0.003	0.052	0.006	0.012	0.358	1.000
Disc										

- Duration of Stay Distributions for each Ward, e.g.



Conclusion

- Measuring RTT phases and data issues
- Outpatient Modelling
 - First, Follow-up, post-admission appointments
 - Consultant level thinking
- A model that can be used for any specialty? and any Hospital?