



Together we can call time  
on hospital waiting lists

**NHS**

London

Setting new  
standards for  
**YOUR  
CARE**

# Setting new standards for **YOUR CARE**

We know that having prompt access to NHS treatment and care is extremely important to you. And that you expect the NHS care you receive (from medical, nursing and other staff) to be of a high standard.

Over the last few years the NHS has been improving services for when you need urgent attention, for example, for the treatment

of heart disease or cancer. And if you need emergency treatment, you can now expect to be seen, treated, discharged or admitted within four hours.

Good progress has already been made and the NHS is now improving waiting times for the treatment of routine conditions, for example hip replacement operations.

Waiting for treatment or an operation can be an anxious time. You might be in discomfort, not able to live the day-to-day life you want, or be relying on friends or family for support. With this in mind the NHS is now working to provide care and treatment promptly for so-called “routine” or “non-emergency” care.

Waiting times for your first outpatient appointment, and for an operation once a diagnosis has been made, are at an all-time low. However, until now you may have been on one waiting list for an outpatient appointment, another for tests or scans, and yet another for an operation.

## Things are changing

In the early 1990s waits of over six months for your first outpatient appointment were not uncommon and tens of thousands of you waited over two years for your operation.

**By December 2008, the longest you will wait from being referred by your GP and starting your treatment will be 18 weeks.**

Wherever possible you will wait less than this. Any hospital appointments, tests, scans or other procedures that you may need before being treated will all happen within this maximum time limit.

## What will this mean for patients?

- Diagnostic tests and outpatient appointments closer to home, as more services are provided in the community and by GPs. Increasingly, patients will only need to go to hospital for specialist treatment.
- Coordinated tests and treatments, meaning fewer hospital visits.
- Reduced anxiety due to earlier diagnosis and treatment.
- Earlier relief of symptoms, pain and discomfort.
- An improved outcome due to earlier treatment and care.
- A more streamlined service, making more efficient use of NHS money.

This new approach to your care is a direct response to feedback not only from you, but also from your local doctors and managers. They can see that achieving waiting time targets for individual parts of your care does not reflect your experience of the NHS as a whole, and that your treatment can feel disjointed, so they have asked for improvements to be made.

## **Improving your experience as a patient**

By ensuring you receive the right care, in the right place, and reducing the time you wait for treatment and care, your experience of the NHS will be improved.

## **More treatments available closer to home**

Some treatments and diagnostic tests can be provided just as effectively in locations other than hospital. For example, specialist clinics within your local GP surgery can provide minor treatments such as mole removals or pain relief for arthritis. More services closer to home is something that patients have asked the NHS to provide and something that we're

committed to delivering. Services like this will be more convenient for you, more efficient for the NHS and will help you to be treated more quickly.

## **More choice of hospitals**

Giving you more choice and control over your treatment and care is a priority for the NHS.

In most cases your GP will be able to offer you a choice of hospitals for your first appointment.

## **More convenient appointments**

The 'Choose and Book' service will help your GP to offer you a choice of hospital appointments that are convenient to you. Booking your appointment in the GP surgery or over the telephone or internet will mean no more appointment letters getting lost in the post or being given times that you can't make and having to reschedule, resulting in less disruption to your daily life. It dramatically speeds up the process and reduces the gap between your GP consultation and your outpatient appointment.

# How will your care be managed by December 2008?

The diagram below shows some examples of how your care might progress and how you could measure the time you wait for treatment to make sure it's no longer than 18 weeks. Talk to your GP or consultant about what steps you can expect to be included in your treatment.

Start the clock...	The clock keeps ticking...	Stop the clock
<p>Your GP, dentist, optician or other primary care clinic refers you for hospital treatment. Your clock starts when you book your first appointment, or when your GP referral letter is received by the hospital.</p>	<p>You see a consultant (or a member of their team) as an outpatient, either at your local hospital or clinic, and may need the following:</p>	<p>The clock stops if no hospital treatment is necessary or your treatment begins. This could include:</p>
	<p>1 Tests to diagnose your condition</p>	<p>1 Being admitted to hospital for an operation or treatment</p>
	<p>2 Medication or therapy to manage your symptoms until you start treatment</p>	<p>2 Starting treatment that doesn't require you to stay in hospital (for example, medication or physiotherapy)</p>
	<p>3 Referrals to another consultant or department</p>	<p>3 Beginning your fitting of a medical device such as leg braces</p>
		<p>4 Starting an agreed period of time to monitor your condition to see if you need further treatment</p>

# How will this be better for me as a PATIENT?



## **Start the clock...**

John sees his GP with abdominal pains. His GP suspects he may have a hernia and discusses with John which hospital he wants to be referred to for his first appointment. John books his first appointment.



## **The clock keeps ticking...**

John goes to his local hospital as an outpatient for his first appointment with a consultant. The consultant explains the tests that John will need to have to confirm that he has a hernia and whether he needs surgery to repair it. John has the tests and the results are sent to his consultant electronically. John and the consultant discuss the results and agree that John will have surgery.



## **Stop the clock.**

**No more than 18 weeks will have passed.**

John is admitted to hospital for his hernia repair surgery.

We will be asking you and other patients about how long you think you waited and what you thought of your NHS treatment and care. We want to make sure that we continually improve the quality of care you receive, as well as how quickly you receive it.

## Will I always receive my treatment and care within 18 weeks?

By December 2008, most patients who need non-emergency treatment provided by a consultant or their team, will start treatment within 18 weeks from being referred by their GP. Where possible patients will be treated more quickly.

However, **there may be times when you cannot begin treatment within 18 weeks**, such as:

- When **you choose a later appointment for your treatment**, perhaps because of work commitments or a holiday
- When **you are not medically fit to be treated**, for example if you are too overweight for surgery to be carried out safely
- When your condition requires an **extended period of testing and observation** before a diagnosis can be made. This will only apply to a very small number of patients.

You can be reassured that if you need treatment for urgent conditions like cancer and heart disease you will be seen and receive treatment more quickly.

## Help us treat you without delay

You can help us to ensure you get treated quickly. Here's how:

- Talk to your GP about your treatment so that you understand what to expect, and when.
- Keep the appointments you have chosen, or let the hospital or clinic know as early as possible if you cannot attend or need to rearrange your appointment.
- Be prepared to consider hospitals other than your local one if a shorter wait is available elsewhere.
- Think about how you might improve your lifestyle, for example stopping smoking or losing weight, so that you will be fit for treatment.

**By all working together, we can  
help you get the care you need  
from your local NHS.**

**Want to know more about how the NHS is  
working to end waiting, and change lives?**

**Visit [www.18weeks.nhs.uk/  
endwaiting](http://www.18weeks.nhs.uk/endwaiting)**

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