Colorectal Referral to Treatment Pathway

SaTH Improvement Hub

Theme | Outpatient Transformation

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The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

Patients on our colorectal routine pathway were waiting more than 65 weeks for treatment. The target for our patients to be referred and treated is 18 weeks. Early treatment within 18 weeks can significantly improve patient care ensuring timely intervention to manage symptoms and improve quality of life.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

Increase the percentage of patients treated within 18 weeks of referral by June 2025.

PLAN

As of January 2025, there were over 1200 patients on the colorectal pathway that were waiting for their first outpatient appointment with a clinician, with waiting times up to around 65 weeks. The goal was to reduce this wait as much as possible and to ensure no patients were waiting over 65 weeks for treatment.

In addition to addressing long waits, the team aimed to:

- Increase the percentage of patients treated within 18 weeks of referral.
- Improve the proportion of patients receiving their first outpatient appointment (OPA) within 18 weeks.
- Reduce the overall number of patients on the waiting list.

The most significant bottleneck identified in the pathway was the delay between referral and the first OPA. To address this, both the clinical leads and the operations team worked closely with stakeholders to identify and implement improvements.

Target timelines were established to streamline the pathway:

First OPA: within 6 weeks
Diagnostic scan/test: within 4-6 weeks of OPA
Time to treatment (TCI): within 6 weeks of consent

DO

To improve colorectal pathway performance, the team focused on two key areas:

- Additional clinic capacity
- Validation of waiting list

Core templates, initially prioritising cancer, were insufficient for routine demand. Additional Waiting List Initiative clinics (WLI) were added in order to clear the backlog of patients with the highest waits. Patients were offered additional appointments during evening/weekend clinics.

Operational team optimised planning, reviewing booking profiles (patients booked in order).

Validation from the co-ordination team results in a cleansed waiting list (patients that no longer require to be on the waiting list)

The booking team set up the additional clinics in Careflow and with support from the Co-Ordination team phoned and contacted the patients.

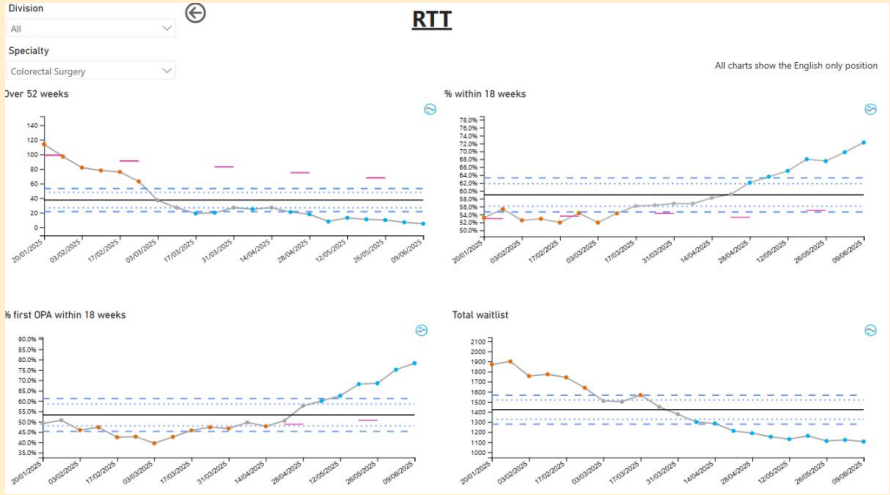
A review of the process found there were no clinics set up for colorectal registrars. This was amended and now colorectal registrars have regular core clinics alongside the consultants. This allowed training opportunities aligned to curriculum requirements for the trainees.

In the last 6 months the team have set up around 125 extra clinics (Including WLI's and registrar capacity)

STUDY

Following the changes in January the teams were able to:

- Reduce the number of patients waiting over 65 weeks to zero
- Showed significant improvement in the number of patients referred and treated within 18 weeks
- Showed significant improvement in the number of patients receiving their first outpatient appointment within 18 weeks
- Showed significant improvement in the number of patients on the waiting list



ACT

The reduction in the patients waiting time for first OPA has enabled the WLI clinics to run less frequently. With the current ratio of referrals to first appointment, it is likely the waiting time for first OPA will remain within the 6-10 week timeframe.

The clinic templates will be reviewed during the operational meetings to reflect demand.

The TRIOMIC research study aims to support a colorectal cancer diagnosis. Additional capacity is being created at Hollinswood House CDC which will then release additional clinic capacity for routine first appointments at the Royal Shrewsbury and Princess Royal Hospital site to maintain the current demand for services.

Registrar teams reviewing patients will continue.

Operational teams will continue to liaise with the registrar lead for clinic availability.

Additional work to streamline the hernia pathway is planned to further reduce the waiting list time.

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