

Policy Document

Reference: G05

Patient Access

Version:	12
Date Ratified:	December 2019 by Trust Executive Committee (TEC)
Date of Next Review:	August 2022
Expiry Date:	August 2023
Policy Author:	Head of Performance
Executive Lead:	Chief Operating Officer

Version Control Schedule

Version	Issue date:	Comments
1	January 2004	
2	July 2006	
3	April 2008	
4	September 2010	
5	May 2012	
6	September 2013	
7	November 2014	
8	August 2015	Aligned with County
9	November 2015	Aligned with supporting procedural manuals for County site and Royal Stoke site
10	January 2017	Changes have been made based upon: <ul style="list-style-type: none"> • Changes to national RTT rules, 1st October 2015 - The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) (No.2) Regulations 2015 came into effect, removing the provision for a patient pause • The policy has been reviewed by the national elective Interim Support Team, in preparation for the implementation of the Medway PAS system.
11	August 2019	The policy has been reviewed and key updates include: <ul style="list-style-type: none"> • All pathways <ul style="list-style-type: none"> ○ clarity around patient choice; managing DNA's and patient cancelled appointments ○ To update on reasonableness and offers of appointments and TCIs offered to patients ○ Clarity on patients being 'ready, fit and available' ○ Operational management of pathways with links to standard operating procedures • Locally agreed rules <ul style="list-style-type: none"> ○ Corneal grafts ○ RTT 'criteria for patient 'thinking time' • To identify more clearly, roles and responsibilities
12	December 2019	

Statement on Trust Policies

The latest version of 'Statement on Trust Policies' applies to this policy and can be accessed [here](#)

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SECTION 1

1. INTRODUCTION

The length of time a patient needs to wait for hospital treatment is an important quality and efficiency measure of the hospital services provided by the Trust.

The aim of the policy is to:

- Set out how the Trust will consistently manage access for patients who are waiting for treatment on non-admitted, diagnostic or admitted (including planned) pathways
- Define roles and responsibilities
- State key principles
- Clarify and reference processes for operational management

The policy reflects the expectations of the Trust and Commissioners on the management of referrals and admissions into the organisation. NHS Outcomes framework – Section 3, item 11.1 <https://digital.nhs.uk>.

The NHS Constitution clearly sets out a series of pledges and rights stating what patients, the public and staff can expect from the NHS. A patient has the right to the following:

- choice of hospital and consultant
- to begin their treatment for routine conditions following a referral into a consultant-led service, within a maximum waiting time of 18 weeks to treatment
- to be seen by a cancer specialist within a maximum of two weeks from a GP referral for urgent referrals where cancer is suspected.

If this is not possible, the NHS has to take all reasonable steps to offer a range of alternatives.

The right to be seen within the maximum waiting times does not apply:

- if the patient chooses to wait longer
- if delaying the start of the treatment is in the best clinical interests of the patient (note that in both of these scenarios the patient's RTT clock continues to tick)
- if it is clinically appropriate for the patient's condition to be actively monitored in secondary care without clinical intervention or diagnostic procedures at that stage

All patients are to be treated fairly and equitably regardless of race, sex, religion or sexual orientation.

2. SCOPE

This policy applies to the principles and procedures for the management of the different groups of patients encompassing **elective** pathways and is aligned to the Trusts current contract (including the national contract).

These are categorised as follows:

- Patients on a Referral to Treatment (RTT) pathway
- Patients on a Non-RTT pathway
- Patients on a cancer pathway (C58 - Trust Policy for Management of Cancer Operational Standards)
- Patients who have been referred for a diagnostic investigation either by their GP or by a clinician. This includes direct access and straight to test RTT pathways

Excluded from the policy are patients who are on a non-elective (emergency) pathway.

3. DEFINITIONS RELATING TO ELECTIVE CARE PATHWAYS

For the purposes of this policy, definitions of the terms used are given below:

Active monitoring	A waiting time clock may be stopped where it is clinically appropriate to start a period of monitoring in secondary care without clinical intervention or diagnostic procedure at that stage. A new waiting time clock would start when a decision to treat is made following a period of active monitoring (previously known as “watchful waiting”).
Admission	The act of admitting a patient for a day case or inpatient procedure.
Admitted pathway (or Admitted Incomplete Pathway)	A patient on a pathway that is likely to end in a clock stop within an admitted setting (day case or inpatient).
Bilateral (procedure)	A procedure that is performed on both sides of the body, at matching anatomical sites. For example, removal of cataracts from both eyes.
Care Professional	A person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.
Electronic Referral Service (eRS). Formerly known as Choose and Book	From June 2014 eRS replaced choose and book system. This service gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.
Clinical decision	A decision taken by a clinician or other qualified care professional, in consultation with the patient, and with reference to local access policies and commissioning arrangements.
Clock Start	A waiting time clock starts when any care professional or service permitted by an English NHS commissioner to make such referrals, refers to: a) a consultant-led service, regardless of setting, with the intention that the patient will be assessed and, if appropriate, treated before responsibility is transferred back to the referring health professional or general practitioner; b) An interface or referral management or assessment service, which may result in an onward referral to a consultant-led service before responsibility is transferred back to the referring health professional or general practitioner, i.e. the start of an 18 week referral to treatment pathway.
Clock Stop	The point at which a decision is made and communicated to the patient that treatment has commenced, a period of active monitoring has commenced, or a decision not to treat has been made on an 18 week referral to treatment pathway.
Consultant	A person contracted by a healthcare provider who has been appointed by a consultant appointment committee. He or she must be a member of a Royal College or Faculty. Consultant-led waiting times exclude non-medical scientists of equivalent standing (to a consultant) within diagnostic departments.
Consultant-led	A consultant retains overall clinical responsibility for the service, team or treatment. The consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care.

Consultant to Consultant referral (C2C)	The internal referral of a patient from one consultant to another within the same NHS Trust. This can be between consultants in the same or differing specialties.
Convert(s) their URBN	When an appointment has been booked via the NHS e-Referral Service (formally Choose and book), the Unique booking Reference Number (URBN) is converted.
DNA – Did Not Attend	Where a patient fails to attend an appointment/admission without prior notice.
Decision to admit	Where a clinical decision is taken to admit the patient for either a day case or inpatient treatment.
Decision to treat	Where a clinical decision is taken to treat the patient. This could be treatment as an inpatient or day case, but also includes treatment performed in other settings e.g. in an outpatient setting.
Direct Access	'Direct Access' diagnostics is any arrangement where a GP can refer a patient directly to secondary care for a diagnostic test/procedure without having to attend a consultant OP appointment first. The GP remains clinically responsible for the on-going care. Note – No clock start /no active RTT pathways commences.
First definitive Treatment (FDT)	An intervention intended to manage a patient's disease, condition or injury and avoid further intervention and which stops the clock. What constitutes a first definitive treatment is a matter for <u>clinical</u> judgement, in consultation with others (as appropriate) including the patient. An FDT on an 18 week referral to treatment pathway is applied when the treatment addresses the condition for which the patient was originally referred to secondary care.
Fit (and available)	Patients must be fit, i.e. medically fit enough to undergo the intended treatment and available for treatment. Medically fit is determined clinically. As a general guide a minor illness e.g. cold would not be considered serious enough to stop the pathway progressing. However a major illness such as co-morbidity like a heart condition that needs stabilising would be deemed sufficient to stop the elective pathway. Patients should be made aware that they need to be available for appointments and possibly admission dates. This is the responsibility, in the first instance, of the referrer. Once a decision to treat is made, the responsible clinician needs to advise patients.
GDP	General Dental Practitioner
GP	General Practitioner
GPwSI	A General Practitioner with a Special Interest who supplements his/her role as a GP by providing an additional service.

Incomplete Pathways	<p>For as long as the clock is still running on an RTT pathway (i.e. the patient is still waiting for a treatment decision) it is called “incomplete”. Patients may have been seen in clinic by a hospital doctor, and may have had diagnostic tests, but they have not yet started definitive treatment (or been discharged) and so they have an “incomplete” pathway.</p> <p><u>Month End Incomplete Pathways:</u> This is the key indicator for national reporting on RTT every month. This indicator reports the percentage of patients on incomplete pathways waiting less than 18 weeks against the total number of patients on an incomplete pathway, at the end of a calendar month. This is a ‘snapshot’ on the day of reporting. The organisation's performance is measured against a target of 92% of patients waiting less than 18 weeks.</p>
Interface service (non-consultant-led interface service)	All arrangements that incorporate any intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care.
Inter-provider Transfer/ Inter-provider minimum data set (IPTMDS) Usually referred to an MDS	An NHS provider may transfer patients to other providers where it is in the best clinical interests of the patient to receive diagnostic tests or care and treatment elsewhere. The Inter-Provider Transfer Minimum Data Set (IPTMDS) supports the requirement to transfer administrative data to allow the monitoring of a patient's progress along an 18 Weeks pathway where care has been transferred between providers.
MDS	Minimum Data Set – information which should be contained in all referrals
MDT	Multi-Disciplinary Team
Non-Admitted Pathway or Non-Admitted Incomplete Pathway	A pathway that is likely to end in a clock stop for treatment that does not require an admission or for ‘non-treatment’ i.e. patients in an outpatient setting with no decision to admit.
Non-consultant-led	Where a consultant does not take overall clinical responsibility for the patient e.g. nurse-led services, physiotherapy
Non Treatment clock stop	A clock stop may be applied to a patient pathway for reasons other than treatment. For example, a patient declines treatment having been offered it or a clinical decision is made not to treat.
NHS Provider	An NHS Provider is an organisation that can supply services under a commissioning agreement, e.g. GP/GDP, Referral Management Centre, GPwSI, Hospital Trust and Community Services such as Specialist Palliative Care Teams. A cancer or RTT clock can stop at any of these NHS organisations if they provide <u>definitive</u> Treatment on a consultant led pathway.
Outsourcing	Outsourcing is an arrangement with a private or NHS organisation to provide additional inpatient, diagnostic or outpatient services which could also be or usually have been provided in-house. This typically happens when demand exceeds the hospital's capacity. This can also be referred to an independent sector.
PAS (IT System)	Patient Administration UHNM uses the system MEDWAY. The MEDWAY system is also shared with an alternative provider (Midlands Partnership NHS Foundation Trust)

Planned Care	The term 'planned' is specifically applied to those patients whose treatment is planned to be undertaken at a specific point in time. This is determined clinically and often follows national clinical guidance. Examples of planned patients are those on surveillance.
PTL	Patient Tracking List – lists of patients who are under the care of the Trust used to track their progress at various stages in their treatment and care. Not all patients therefore will be on active RTT or Cancer reportable PTLs.
Reasonable offer (of appointment)	<p>A <i>reasonable offer</i> is an offer for an appointment or admission date (inpatient and day case), of a time and date that gives the patient a minimum of:</p> <ul style="list-style-type: none"> • <u>2 offers (7 days apart) and 3 weeks'</u> notice for an outpatient appointment or admission date (To Come In tci), • <u>2 offers(7 days apart) and 2 weeks'</u> notice for diagnostics - routine • <u>2 offers and 1 weeks'</u> notice for diagnostics - urgent • For 2ww - 'reasonable' offer is defined as a choice of 2 dates within seven days. <p>An offer of a second appointment in the same week as the first appointment would not be deemed reasonable, unless the patient stipulates that they can accept an appointment in the same week. The date must be clearly communicated to the patient.</p> <p><u>No. 11 Reasonable notice</u></p>
Referral Management or Assessment service (RMS)	Services that do not provide treatment, but accept GP (or other) referrals and provide advice on the most appropriate next steps for the place or treatment of the patient. Depending on the nature of the service they may, or may not, physically see or assess the patient. This may lead to a consultant led pathway in which case the clock would start with receipt of the referral in the RMS
Referral to treatment (RTT) period	The part of a patient's care following receipt of the initial referral to a consultant led service, which initiates a clock start, leading up to the start of first definitive treatment or other clock stop. The maximum time any patient may wait for RTT is 18 weeks.
Straight to test	This is an internal pathway within the Trust where a patient is sent straight to test post receipt of referral and whereby a patient will be assessed and might, if appropriate, be treated by a medical or surgical consultant led service before responsibility is transferred back to the referring health professional.
Substantively new or different treatment	The start of a new waiting time clock upon the decision to start a substantively new or different treatment pathway that does not already form part of that patient's agreed care plan.
Therapy or Healthcare science intervention	Where a consultant-led or interface service decides that therapy (for example physiotherapy, speech and language therapy, podiatry, counselling) or healthcare science (e.g. hearing aid fitting) is the best way to manage the patient's disease, condition or injury and avoid further interventions. The clock would stop for the original referral in this service.
UBRN (Unique Booking Reference Number)	The reference number that a patient receives on their appointment request letter when generated by the referrer through eRS. The UBRN is used in conjunction with the patient password to make or change an appointment.
UHNM	University Hospitals of North Midlands Sites include: Royal Stoke and County
Vetting	The process by which clinical staff prioritise, approve or reject referrals – also known as clinical triage of referrals.

Vulnerable Person	A vulnerable person is a child, or adult at risk or a person who may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation. This definition is from the DOH guidance 'No Secrets DoH 2000'.
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DEFINITIONS RELATED TO THE CANCER PATHWAY

2 Week Standard (Cancer)	Maximum 2-week wait from urgent GP (GMP, GDP or Optometrist) referral for suspected cancer patients (new or recurrences) to first outpatient attendance/diagnostic.
31 Day Standard (Cancer)	Maximum 31-days wait for treatment for all new cancers. Note: Calculated from date of Decision to Treat to Date of Treatment. Maximum 31-days wait for all second or subsequent treatments for all cancer patients, including those diagnosed with a recurrence: <ul style="list-style-type: none"> • surgery or drugs • radiotherapy or other modality Note: Calculated from Date of Decision to Treat /Earliest Clinically Appropriate Date (ECAD) to Date of Treatment.
62 Day Standard (Cancer)	Maximum 62-days wait from urgent GP (GMP, GDP or Optometrist) referral for suspected cancer to first treatment. Note: Calculated from date of Receipt of Referral to Date of Treatment. Maximum 62-days wait for treatment, for all referrals from a national screening programme (Bowel, Breast, and Cervical). Note: Calculated from date of Decision to Upgrade to Date of Treatment. Maximum 62-days wait for treatment, for all referrals upgraded by a hospital consultant. Note: Calculated from date of Receipt of Referral to Date of Treatment. Maximum one month (31 days) from urgent GP (GMP, GDP or Optometrist) referral to first treatment for acute leukaemia, testicular cancer and children's cancers.
CWT	Cancer Waiting Times
Decision to Treat (clock start for cancer 31 day standard)	This is the date that the MDT decision for cancer management is communicated to the patient and is agreed by the patient. There cannot be a decision To treat without patient agreement to the specific treatment.
ECAD (clock start - cancer 31 day standard)	Earliest Clinically Appropriate Date applies to patients whose treatment plan involves a sequence of more than one treatment modality, but where further Decision to Treat dates are not applicable. An ECAD date can be changed once it is set but only if the date has not passed.
First Seen (clock stop for Cancer 2 week wait)	The date First Seen in a cancer pathway is the date of the patient's initial assessment following referral. This may be an Outpatient appointment or a diagnostic investigation (straight to test) e.g. CT chest
Inter-Provider Transfers (IPT)	Patients can begin their suspected cancer journey at one NHS provider, have investigations at another provider and end up being treated at a third provider. They can also get transferred back to sender (e.g. after specialist tests). The 14-31-62 day cancer clock does not stop whilst a patient is being transferred from/to another NHS organisation, only responsibility for recording the next applicable clock stop in the pathway is relinquished. Recent guidance states that should the patient need to be transferred to another provider, the referring Trust must do so within 38 days with all minimum dataset as per locally agreed tumour specific best practice pathway
NHS Provider	An NHS Provider is an organisation that can supply services under commissioning agreement, i.e. GP (GMP, GDP or Optometrist) Referral Management Centre, Hospital Trust, Community Services such as Specialist Palliative Care Teams. A cancer clock can stop at any of these NHS organisations if they provide definitive Treatment. A cancer clock does not stop because the patient's care is being transferred across any of the above organisations.
Non-NHS Provider	A Non-NHS Provider is an organisation that supplies: <ul style="list-style-type: none"> • private services (paid for by patient or their insurance); • healthcare services outside England and Wales;

	<ul style="list-style-type: none"> Services commissioned and paid for by an NHS organisation. In this scenario, the commissioning NHS organisation remains responsible for tracking cancer patients and reporting any applicable cancer standards. e.g. Outsourcing Cancer Waiting Times only apply to NHS patients, including those who are transferred to NHS from Non-NHS, but excluding those who are transferred from NHS to Non-NHS. <p>This could also relate to the independent sector as part of outsourcing when capacity is insufficient.</p>
Reasonable Offer - 2 week wait office Bookings (First Appointment)	For all appointments booked by or on behalf of the 2ww office, 'reasonable' offer is defined as a choice of 2 dates within seven days.
Reasonable Offer of Admission (TCI)	Admission dates will generally be agreed with the patient at the point when listing the patient for surgery, in line with the CWT breach date. This notice principle for 'reasonable' offer applies to appointments for outpatients, see & treat clinics, investigations, one-stop services and day- case admissions as well as in-patient admissions, but does not apply to patients who are able and willing to accept an appointment at shorter notice.
Screening (Clock start) (Cancer)	Screening is a national early detection service commissioned by the relevant commissioning body. Patients who meet certain criteria are called to have a periodical investigation and if this reveals an abnormality, they undergo further assessments before being referred for further management at their local NHS provider. Screening referrals start a 62-day cancer clock as follows: <ul style="list-style-type: none"> Bowel = receipt of referral for an appointment to discuss suitability for colonoscopy with a specialist screening practitioner. Breast = receipt of referral for further assessment (i.e. not back to routine recall) Cervical = receipt of referral for an appointment at a colposcopy clinic.
Treatment (clock stop for cancer 31 and 62 day standards)	This is described in the Cancer Dataset as the definitive intervention aimed at removing/debulking a tumour or stopping/slowing the cancer spread. All Definitive Treatment modalities will stop the 31 and 62-day cancer clocks, including Active Monitoring/Specialist Palliative Care.
Waiting Time Adjustment (Cancer)	Adjustments are allowed on a Cancer pathway for: If a patient does not attend a first outpatient appointment/diagnostic clinic and gives no notice then the clock can be re-set from the receipt of referral to the date upon which the patient makes contact to rebook their appointment. This is called Waiting Time Adjustment (First Seen) A patient declining a reasonable offer of admission for treatment in an admitted care (ordinary admission or day case) setting. For patients on a 31 or 62 day pathway the adjustment would be the time from the date of the declined appointment to the point where the patient could make him/herself available for an alternative appointment. A Waiting Time Adjustment can be applied twice in the pathway if a patient DNAs. The period removed is the number of days between Receipt of Referral and the date the patient rebooks their appointment. Adjustments can be made if a patient makes his / herself unavailable for the original date offered, also if a patient states they are unavailable for admitted treatment at a clinic appointment where a Decision to Treat has been agreed.

4. ROLES AND RESPONSIBILITIES

Whilst responsibility for achieving the above targets lies with the Trust Board all staff with access to and responsibility for maintaining referrals and waiting list information systems, are accountable for their accurate upkeep.

The Chief Executive and Trust Board through the Chief Operating Officer will be responsible for ensuring that this policy is implemented effectively. The Chief Operating Officer is responsible for ensuring that this document is reviewed annually or as recommended by Corporate Governance Department.

The **Chief Operating Officer** or delegated officials has responsibility for reporting waiting list performance and through the **Divisional Performance reviews** will monitor compliance against the policy. In addition the **Chief Operating Officer** has responsibility for ensuring recommendations of internal audit are implemented once the final report is presented to the Audit Committee.

Clinical Directors, Associate Directors and Deputy Associate Directors have responsibility within their Divisions for all access target performance including the maintenance of accurate waiting lists and the training of staff that are responsible for managing patient's access, to ensure compliance with this policy. The CDs and ADs will hold to account responsible staff through the monitoring processes at performance reviews.

Clinicians

Clinicians have a responsibility for adhering to key internal procedures in the proactive management of patients along their RTT journey. Key examples are the timely and accurate completion of the clinic outcome form and swift review of referrals.

Locum consultants

Locum consultants will be added to the E-Referral service for their duration and the Locum has a responsibility to ensure they have a SMART card to enable them to triage referrals.

Directorate Managers have responsibility for ensuring patients are provided with reasonable notice and appropriate choice and for ensuring that their practices are consistent with the policy and that the systems are in place to support effective waiting list management. Included in this is the responsibility that all staff has access to training that allows them to undertake delegated roles and apply the principles within this policy.

Individual staff members, including clinical staff, are responsible for ensuring that their practices and documentation is consistent with the policy and that the systems are in place to support effective waiting list management.

It is the responsibility of **all members of operational staff** to understand patient access to elective services principles and definitions and to attend all training offered in regards to reporting and managing waiting lists.

The Corporate Data Quality Team will encourage and support all staff within the Trust to comply with their data quality obligations as detailed within the Data Quality Policy (C27) January 2019. This includes the recording, processing, communications and storage of all data related to the functions within this Patient Access Policy.

All staff who does not comply with this policy and SOPs may be subject to action under Trust disciplinary policies.

Clinical Commissioning Groups:

- Promote the rights and pledges enshrined in The NHS Constitution (2013)
- Will work closely with the Trust to agree any local policies. Commissioners need to work with GPs to ensure that the patient is clinically suitable for their referral and intended pathway of care

Referrer's responsibility - (references, section 3, item 11.2:

<https://www.england.nhs.uk/about/>

- Initiate the referral through the use of the NHS E-Referral Service, identify clinically appropriate services for the patients, and discussing all locations available at the provider(s) of the patient's choice
- Ensure that the patient is clinically suitable: (ready, fit and available) for their referral and intended pathway of care

- Ensure that the patient is prepared to be treated within the maximum *Referral to Treatment* times
- Ensure that the patient is aware that the Trust has several site locations: Royal Stoke; County; local clinics and that appointments are offered at a site based on the services provided there and/or the shortest wait time unless a patient requests a specific site
- Ensure that the patient is prepared to be treated within the maximum Referral to Treatment times
- Initiate the referral through the use of the NHS E-Referral Service, identify clinically appropriate services for the patients, and discussing all locations available at the provider(s) of the patient's choice
- Ensure that where appropriate, funding for interventions not normally funded has been obtained prior to referral
- Ensure the patient is aware of their choices regarding the organisations that patients can be referred to and wait times for the services required (NHS Choices)
- Where the referrer is UHNM, provide the national minimum core data set when transferring care to another provider

5. GOVERNANCE

Patient Access is reviewed on a weekly operational basis with each Division. The Trust has:

- A monthly Planned Care Group – led by the Chief Operating Officer and includes CCG representatives
- A Bi-weekly Access & Performance Group-led by the Deputy Chief Operating Officer
- Weekly Divisional Access & performance meetings

6. PERFORMANCE MANAGEMENT

UHNM will provide Patient Tracking lists for patients on Cancer, RTT and Diagnostic pathways so that national and local targets can be maintained and reported both internally and externally. These are available via the Trusts agreed reporting tool.

Managers are expected to hold regular, preferably weekly, PTL meetings to track the progress of patients in each specialty.

The Trust will hold Cancer and RTT Access meetings at each site where all access issues are discussed with relevant data. Issues from PTL meeting will be escalated to these meetings.

The Trust will hold a Planned Care Delivery Group on a monthly basis which will also address escalated issues from Divisional Access meetings.

The Trust Board receives monthly reports which contain access performance indicators via the Integrated Performance Report and Divisions are held to account through the monthly Divisional Performance reviews.

7. EDUCATION/TRAINING AND PLAN FOR IMPLEMENTATION

It is the responsibility of the Directorate Managers to ensure that staff are made aware of the policy and any revised issues. Training will be provided through a series of face to face sessions

The Trust is currently developing an 18 week/ Cancer wait times access training programme to ensure that a breadth and depth of access standards is developed and maintained in the Trust, as well as offering relevant training for new staff for key administration staff groups. Staff should contact their Directorate Manager to find out more details.

8. MONITORING AND REVIEW ARRANGEMENTS OF THE POLICY

Review will be every 2 years or in response to any significant changes to the access standards.

The policy will be subject to regular monitoring against compliance:

- Compliance against the patient access policy can be monitored through operational use of the Business Intelligence dashboards. These are monitored by Directorate Management teams and reported through the governance structures outlined above in 6
- Compliance against the access policy can be monitored via the contractual routes specifically against specific national targets. In some instances Root Cause Analysis is undertaken and reported via the contractual arrangements
- Compliance against the access policy can be monitored by the Data Quality/Corporate Validation team for assurance that the access policy is being applied effectively.

SECTION 2

9. ACCESS STANDARDS - NATIONAL GUIDANCE

The table below provides the current national care elective standards.

National Operational Standards		Standard
Referral To Treatment	Patients on an incomplete pathway (yet to start treatment) should have been waiting no more than 18 weeks from referral	92%
Diagnostic Wait Times	Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral	99%
Cancelled operations	Where a patient is cancelled on the day of admission or day of surgery (for non-clinical reasons, he/she must be rebooked within 28 days of the original admission date. Two reasonable offers must be made to the patient within 28 days of the date of cancellation. The patient may choose not to accept a date within 28 days.	Zero tolerance
Cancer Two Week Wait	Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP	93%
	Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%
Cancer Wait 31 Day	Maximum one month wait from diagnosis (decision to treat) to first definitive treatment for all cancers	96%
	Maximum 31 day wait for subsequent treatment where that treatment is surgery	94%
	Maximum 31 day wait for subsequent treatment where that treatment is an anti-cancer drug regime	98%
Cancer Wait 62 Day	Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%
	Maximum two-month (62 day) wait from urgent GP referral to first definitive treatment for cancer	85%
	Maximum 62 day wait from an NHS screening service to first definitive treatment for all cancers	90%
	Maximum 62 day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) -	none set

NB. Some of the above targets do not apply to Welsh/Scottish patients. Separate wait time targets apply to this group of patients and the Trust adheres to the contract.

10. Referral To treatment (RTT) – national rules

References, section 3, item 11.3

<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf>

As part of the referral to treatment pathway, a number of key phrases/ RTT terminology is used (please see Glossary for full list)

- clock starts – when a RTT pathway/ period commences
- clock stop – when a RTT pathway/ period is ended
- FIRST activity in a pathway – this is the time the patient is **first seen** (in outpatients; as a diagnostic or as an admission) when on the RTT pathway. It is possible that patients can have a new appointment that is NOT the FIRST ACTIVITY but is a subsequent activity. E.g.
 - Patient referred – clock starts
 - Patient has straight to test diagnostic – FIRST ACTIVITY
 - Patient listed for 1st new OP appointment
 - Patient seen in outpatients - Patient seen as new appointment-SUBSEQUENT ACTIVITY

10.1 Clock Starts

The RTT clock starts when:

- A referral is received into a consultant led service where the intention is that the patient will be assessed and if appropriate, treated before clinical responsibility is transferred back to the referrer
- Referrers can be GP's, Dentists, Allied Health Professionals, Nurses, consultants
- A referral is received into an interface or Referral Management Assessment Centre which may result in an onward referral to a consultant led service before clinical responsibility is transferred back to the referrer
- Straight to test pathways – these are where the patient is first referred for a diagnostic test on the understanding that the hospital Consultant will review and manage that patient following the test before discharging the patient back to the GP
- Where there has been completion of one RTT period and a clinical decision is made to start a second RTT period. Examples include:
 - After a watch and wait period
 - After 1st definitive treatment has been given, but then subsequently there is a clinical decision to start substantial different treatment that does not already form part of that patient's agreed care plan

For E-referrals the clock starts on the date the patient books their appointment and their unique booking reference number is converted.

For paper referrals the clock starts on the date the letter is received.

10.2 Clock Stops

The RTT clock stops when:

- The patient receives first definitive treatment (FDT), FDT is a clinical decision and is defined as: *-An intervention intended to manage the patient's condition, disease or injury to avoid further intervention*
- If a decision is made that treatment is not required or if the patient declines treatment.
- Where there is an agreement between the consultant and patient that a period of Watch & Wait is appropriate
- When a clinical decision is made and has been communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay, to add a patient to a transplant list (this includes corneal grafts) SEE ALSO 23.6.
- A clock stop can apply on a non-admitted (outpatient) pathway or admitted (inpatient) pathway.
- If a patient requires a procedure or surgery as a day case or inpatient, the clock stops upon admission.

10.3 Clock pauses

There is **no provision** to add a pause or suspension to a patient's RTT pathway.

10.4 New Clock starts

Upon completion of a consultant-led referral to treatment period, a new waiting time clock starts upon the decision to start a substantively new or different treatment that does not already form part of that patient's agreed care plan. A new RTT clock will start on the day the decision was made.

10.5 Exclusion from the 18 weeks performance standards

The following activity is excluded from the 18 week RTT standard:

- Emergency admissions (although referrals from an A&E to a consultant may start a RTT pathway)
- Fracture clinic activity
- Obstetric patients, although if a pregnant woman is referred to a consultant led service for a condition other than the pregnancy, this would start a RTT pathway
- Elective patients waiting for planned procedures – in this case planned refers to where there is a clinical decision to wait a certain length of time before the procedure is undertaken. Common examples are check cystoscopies; surveillance; removal of metal work as a pre-determined time.
- Patients receiving on-going care for a condition where the first definitive treatment has occurred. For example changes to medication
- Patients whose clock has stopped for active monitoring/ watch and wait
- GP referrals into non-consultant led services. This includes referrals to allied health professionals (e.g. dietetics) or nurse led that **is not** part of a consultant led service. In some services the nurse will see patients on behalf of a consultant and these should be RTT
- Direct access to diagnostics – these are where the GP has direct access to a diagnostic test and the clinical responsibility remains with the GP
- Non NHS patients/ private patients
- Tertiary referrals where the patient has already received first definitive treatment

10.6 RTT rules regarding patients Who Do Not Attend (DNA)

The national RTT rules regarding DNA are applicable only:

- if the patient has had a reasonable offer of an appointment or admission date
- if it is the **FIRST ACTIVITY** on a RTT pathway/ period (this is NOT the same as the first new outpatient appointment)

If a patient DNAs their first appointment following the initial referral (FIRST ACTIVITY) which started their RTT period, their RTT clock should be nullified (i.e. invalidated as though it didn't exist/ it is not reported as a stopped pathway). This happens when the user adds the RTT status of 33 (in addition to 33, the Trust has local RTT statuses for patients who DNA FIRST ACTIVITY – 33a and 33b: these are for patients who will be offered a further appointment).

Should the patient be offered another date, a new RTT clock will start on the date that the patient agrees their appointment. For example, if the patient DNA's an appointment on 4th July and a conversation with the patient happens on 7th July to agree another appointment for 18th July, the new clock starts on 7th July.

DNAs at any subsequent activity within a patient's RTT pathway – the RTT clock continues.

10.7 RTT rules regarding patient reschedules - Outpatient Appointments

If a patient chooses to reschedule their outpatient, their RTT clock will continue to tick.

10.8 RTT rules regarding patient reschedules of Admission Dates

If a patient has previously agreed to a reasonable admission offer (i.e. three weeks' notice and a choice of two dates) which they subsequently wish to change, the cancellation does not stop the RTT clock. However, as part of the rebooking process, the patient should be offered alternative dates for admission.

10.9 Active Monitoring/ Watch & Wait

Active monitoring is where a decision is made that the patient does not require any form of

treatment currently but is to be monitored in secondary care. When a decision to commence a period of active monitoring is made and communicated with the patient, the RTT clock stops. Stopping a patient's clock for a period of active monitoring requires careful consideration on a case by case basis and its use needs to be consistent with the patient's perception of their wait.

Examples of using active monitoring/ watch and wait:

- whilst the patient receives symptomatic support, but without any specific or significant clinical intervention at that stage
- whilst the condition is monitored for progression e.g. aortic aneurysm
- whilst a child grows
- when a patient wishes to have substantive 'thinking time'

Follow up outpatient appointments and monitoring diagnostics may take place during Active Monitoring

A new RTT clock would start when a decision to treat is made following a period of Active Monitoring. Operational Teams, Specialty Managers and Clinicians should monitor patients being actively monitored and ensure they are seen for a review in a timely way.

Where there is a clinical reason why it is not appropriate to continue to treat the patient at that stage, and instead to refer the patient back to primary care for on-going management, then this is a 'Decision Not to Treat' and should be recorded as an RTT clock stop.

If the patient is subsequently referred back to a consultant led service then this referral starts a new RTT clock.

10.10 Patients who request to change hospital if they have to wait longer than the maximum waiting times (18 weeks, or 2 weeks to see a specialist for cancer)

If patients need to see a consultant they can ask to be referred to a different hospital if:

- they have had to wait more than 18 weeks before starting treatment for a physical or mental health condition, if their treatment is **not urgent**
- The patient has to wait more than 2 weeks before seeing a specialist for suspected cancer

The CCG must take all reasonable steps to ensure that patients are offered an appointment at a suitable alternative organisation that can start their treatment earlier.

This is a legal right with the following exceptions:

- the services are not led by a consultant
- the patient chooses to wait longer for treatment to start
- Delaying the start of treatment is in the patient's best interests. For example, if the patient needed to lose weight or stop smoking or for other personal medical reasons
- if the patient fails to attend appointments which they had chosen from a set of reasonable options
- the patient decides not to start or declines treatment
- a doctor has decided that it is appropriate to monitor the condition without treatment
- the treatment for reasons not related to the hospital, for example, a reservist posted abroad while waiting to start treatment
- your treatment is no longer necessary
- the patient is on the national transplant list
- the patient is using maternity services

10.11 RTT Statuses

RTT Status	RTT Description	Example of RTT scenario	RTT Clock action
10	First activity - first activity in a REFERRAL TO TREATMENT PERIOD	New GP referral	START
11	First activity at the start of a new REFERRAL TO TREATMENT PERIOD following active monitoring	After active monitoring ends and a new pathway begins	START
12	Consultant referral - the first activity at the start of a new RTT following a decision to refer directly to the CONSULTANT for a separate condition	T&O consultant refers to Cardiology	START
20	Subsequent activity during a REFERRAL TO TREATMENT PERIOD - further activities anticipated	For example when a patient is added to the IPWL	CONTINUE
21	Transfer to another Health Care Provider - subsequent activity during a REFERRAL TO TREATMENT PERIOD anticipated by another Health Care Provider	Referred to another hospital for treatment	CONTINUE
21a			
30	First treatment - the start of the first treatment that is intended to manage a PATIENT's disease, condition or injury in a REFERRAL TO TREATMENT PERIOD.	For example an operation or medication	STOP
31	Start of active monitoring initiated by the PATIENT	Patient themselves decide they do not want treatment but patient to be followed up	STOP
32	Start of active monitoring initiated by the CARE PROFESSIONAL	Initiated by consultant – who advises patient to see how condition progresses	STOP
33	DNA - the PATIENT failed to attend the first CARE ACTIVITY after the referral		STOP
34	Decision not to treat - decision not to treat made or no further contact required	No treatment required or available	STOP
35	PATIENT declined offered treatment		STOP
36	PATIENT died before treatment		STOP
90	After treatment - first treatment occurred previously (e.g. admitted as an emergency from A&E or the activity is after the start of treatment)		
91	Active monitoring - CARE ACTIVITY during period of active monitoring		
98	Not applicable - ACTIVITY not applicable to REFERRAL TO TREATMENT PERIODS		

10.12 Patients who are likely to breach 26 weeks

In the event that a patient is likely to breach 26 weeks, they should be offered treatment at an alternative provider where clinically appropriate this will be managed by the operational teams

11.0 Cancer national rules

References, section 3, item 11.4

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/cancerwaitingtimescwt>

Trust policy C58 – Trust Policy For the Management of Cancer standards

11.1 2 week wait

All patients referred from GP/GDP as suspected cancer will be seen within 14 days of receipt of referral.

All patients referred with breast symptoms irrespective of whether cancer is suspected or not, will be seen within 14 days of receipt of referral.

As a general principle, the Trust expects that before a referral is made on a cancer pathway the patient is both clinically fit for assessment and possible treatment of their condition, and ready to start their pathway within two weeks of the initial referral. The patient should be made aware that they are being referred on a cancer pathway.

The referrals on the 62 day pathway will have the priority recorded as 2ww.

The 2 weeks wait clock stops when a patient is first seen in outpatients or attends a straight to test diagnostic pathway that ends a pathway

A telephone consultation or triage does not count as a clock stop for the two week wait standards.

If the patient turns up in a condition where it is not possible to carry out the required procedure (e.g. if they have not taken a preparation they needed to take prior to the appointment), this is counted as a DNA for the purpose of reporting wait times only. If the patient arrives after the scheduled appointment time and it is not possible to fit them in (e.g. fully booked) or there is not enough time left to carry out the planned procedure/tests in the remainder of the session then this is also recorded as a DNA for reporting purposes only. (National Cancer Waiting Times Monitoring Dataset Guidance – Version 10.0, NHS).

11.2 31 day wait

- All patients diagnosed as a new cancer will receive treatment within 31 days of the decision to treat irrespective of treatment.
- All patients that are having a subsequent treatment for cancer will receive treatment within 31 days of the decision to treat / ECAD (Earliest Clinically Appropriate Date).

11.3 62 day wait

- All patients referred by their GP/GDP as suspected cancer or breast symptomatic, who are subsequently diagnosed with cancer, will commence treatment within 62 days of receipt of referral.
- All patients referred from screening programmes (bowel, breast, cervical) as suspected cancer who are subsequently diagnosed with cancer, will commence treatment within 62 days of receipt of referral.
- All patients that are upgraded by Consultants as suspected cancer will commence treatment within 62 days of the date of upgrade.

The 62 or 31 day clock stops when the patient receives the first definitive treatment or subsequent treatment as required by the Multi-Disciplinary Team (MDT) plan for the treatment of their cancer. First Definitive Treatment is defined as the treatment aimed at removing or eradicating the cancer completely or at reducing tumour bulk.

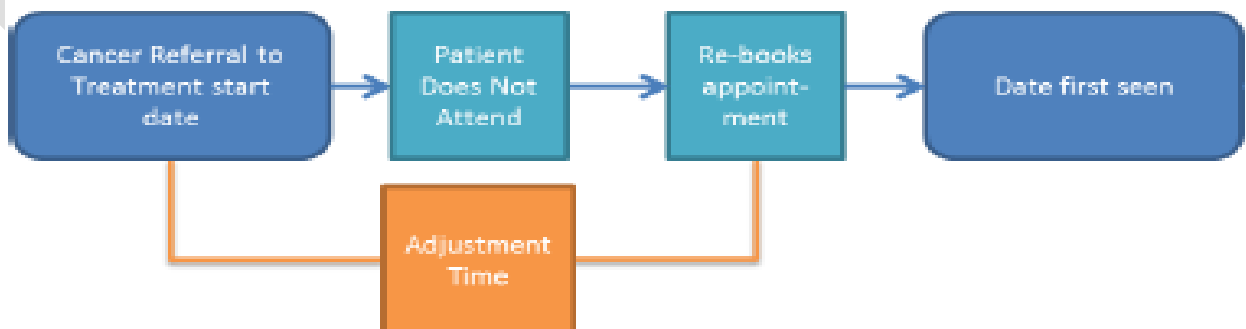
11.4 Patient wait time adjustments are allowed in two places:

- If a patient DNAs the initial out-patient appointment/diagnostic clinic

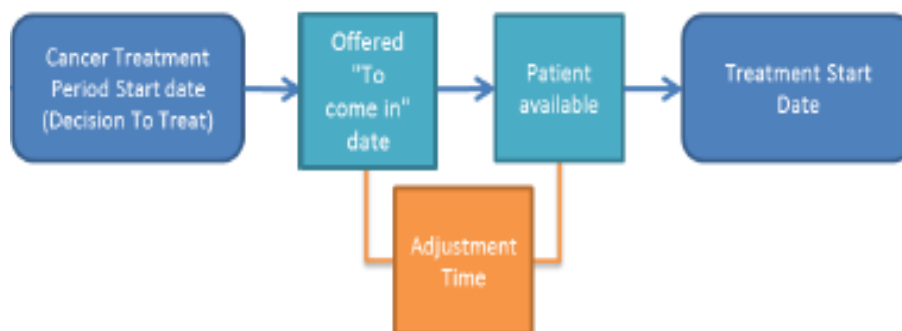
11.5 Cancer - Consultant Upgrades

If a consultant upgrades a patient for a first primary cancer, the 62 day period starts at the consultant upgrade date. The two week standard does not apply here. Upgrades must occur before the decision to treat date. Therefore patients not upgraded by this date will be measured against the 31 day standard.

A cancer clock will start on the day of the upgrade, and the 18 week clock continues to tick.



- If a patient declines a 'reasonable' offer of admission for treatment in an admitted care setting.



First or Subsequent Cancer Treatments – Anti-Cancer Drug Regimen

All patients that require subsequent cancer drug treatments will be treated within 31 days of the decision to treat.

First definitive treatments are listed below:

- Chemotherapy including prior to planned surgery/radiotherapy
- Biological therapy including targeted therapy
- Hormone treatments when given:
- As sole treatment modality
- Where the treatment plan specifies that a second treatment modality should be given after a planned interval

First definitive treatments stop the 62 day clock but the patient also needs to be treated within the 31 day standard Decision to Treat (DTT) to First Definitive Treatment (FDT).

There may also be a subsequent treatment which will be treated within the 31 day standard from DTT to FDT.

First or Subsequent Cancer Treatments - Radiotherapy

All patients that require subsequent radiotherapy treatments will be treated within 31 days of the decision to treat.

Treatment can be a first definitive treatment when used to treat either the primary site or to treat metastatic disease with an unknown primary

As above, First definitive treatments stop the 62 day clock but the patient also needs to be treated within the 31 day standard from Decision to Treat (DTT) to First Definitive Treatment (FDT).

There may also be a subsequent treatment which will be treated within the 31 day DTT to FDT standard

First or Subsequent Cancer Treatments - Surgery

All patients that require subsequent cancer surgery will be treated within 31 days of the decision to treat. First definitive treatment can be:

- Complete excision of a tumour
- Partial excision/debulking of a tumour
- Palliative surgical interventions e.g. stenting

12.0 Diagnostics – national rules

References, section 3, item 11.5

<https://data.england.nhs.uk/dataset/monthly-diagnostic-waiting-times-and-activity-guidance-and-documentation>

For each patient waiting for a diagnostic test (REGARDLES OF SETTING OR ELECTRONIC SYSTEM RECORDED ON), their length of wait in weeks is reported on the last day of the month in question. The wait time standard is 6 weeks.

To measure the waiting times:

- **The clock starts** when the request for a diagnostic test or procedure is made. For E-Referrals, this is the time that the UBRN is converted, i.e. when the patient has accepted an appointment.
- **The clock stops** when the patient receives the diagnostic test/procedure.

All referral routes are included including GP direct access. All tests are included.

National reporting is against:

- Monthly DM01 – this is measured against 15 tests
- Quarterly census – this measures waits against all tests, including physiological measurements

If a patient cancels or misses an appointment for a diagnostic test/procedure, then the diagnostic waiting time for that test/procedure is set to zero and the waiting time starts again from the date of the appointment that the patient cancelled/missed **providing the reasonableness criteria is met.**

In this instance reasonable notice is:

2 separate dates and 2 weeks' notice for routine and 1 week's notice urgent (local rule), the diagnostic waiting time for that test/procedure can be set to zero from the first date offered. This is applicable to ALL TESTS regardless of which system is used to capture the wait time.

Patients waiting for more than one diagnostic test / procedure

Patients waiting for 2 separate diagnostic tests/procedures concurrently should have 2 independent waiting times clocks – one for each test/procedure. For example, patient presenting with breathlessness could have a heart or a lung condition and therefore there might be the need to have cardiology and respiratory tests concurrently.

Alternatively if a patient needs test X initially and once this test has been carried out, a further test (test Y) is required – in this scenario the patient would have one waiting times clock running for test X. Once test X is complete, a new clock is started to measure the waiting time for test Y.

For outpatients, some patients will have their first diagnostic test (1st new) and these are recorded as a new outpatient attendance. If a follow up appointment is required for THE SAME TEST this is recorded as a follow up appointment.

Patients on a diagnostic pathway may also be on a RTT or cancer pathway. The diagnostic milestone is a significant part of both the RTT and cancer pathways.

Some RTT pathways begin with a diagnostic test (straight to test). In this case it is the expectation that once the test has been performed a clinician will review and manage the patient. These are also RTT pathways.

Exclusions include:

- Patients waiting for a 'planned' diagnostic test. These are usually, but not exclusively, surveillance patients
- patients having diagnostics as part of national screening programmes However, any subsequent test triggered by abnormal results are included on the return

The methods for requesting diagnostic tests are:

- Internal, via Order-comms
- External, via E-Referral
- For Imaging requests that are clinically reviewed this must take place within 2 working days

13.0 Planned Patients

Where a patient is listed as waiting for an elective planned admission (admission category 13, this means that the procedure is to be carried out at a specific time as agreed clinically.

Planned activity is sometimes known as surveillance.

Examples are:

- Check cystoscopies
- Repeat colonoscopies (or other endoscopy procedures)
- Waiting for a child to be a certain age, height, etc.

Patients on the Planned inpatient waiting list are monitored alongside all other patient access waiting lists. Each patient will be allocated a due admission date and this is recorded in the PAS. At or around (up to 1 month) the point that date is reached **and** an admission date has **not** been given to the patient, they should be transferred to an elective list and a RTT clock started. The clock start date is that which was the due date for the planned procedure. Thereafter normal RTT rules apply.

SECTION 3

14.0 OPERATIONAL MANAGEMENT OF ELECTIVE PATHWAYS

This section covers the management of patients through their RTT and Non-RTT pathways.

In some cases the rules/ process for RTT, Cancer and Diagnostics differ. Where relevant, these will be described separately in each section.

14.1 Entitlement to NHS treatment

UHNM will comply with the legal obligation to:

- The Trust will ensure they assess patient's eligibility for NHS care in line with the Guidance on implementing the overseas visitor's hospital charging regulations
- The patient demographic details must be checked at every clinic attendance and amended as necessary on the Trust's PAS system. If the patient has identified changes via the Saviance system, this will be highlighted to the clinic receptionist. The status of overseas visitors will be checked at this time and the relevant manager notified as per the overseas Policy, (F11 Overseas Patient Policy V3 Oct 18 to Oct 21)

14.2 Patients transferring from the independent sector to the NHS as an NHS patient

Patients can choose to convert between an NHS provider and paying status.

14.3 Patients transferring from the NHS to Independent outside UHNM

NHS Patients already on NHS Waiting Lists choosing to independently fund a procedure outside of UHNM will be removed from the NHS Waiting List. These patients must be discharged from the Trust back to the GP, stating that the patient has chosen to pay for their treatment in the independent sector, and their 18 week clock stopped.

There are occasions when the Trust may choose to send patients to the independent sector for some of their RTT pathway, for example an open MRI or for treatment e.g. Outsourcing. Where the Trust is commissioning the service, the patient remains on the 18 week clock and the same rules apply.

14.4 Patients transferring from the NHS to Independent inside UHNM

NHS Patients already on an NHS pathway or waiting list choosing to independently fund a procedure which is available privately inside of UHNM will be removed from the NHS Waiting List. These patients would remain in the consultant's care and do not need to be referred back to the GP, but the 18 week clock must be stopped and the patients GP informed of the switch of care (F07 Private Patients Policy).

14.5 Patients transferring between different sites within UHNM

To ensure patients are treated timely and capacity is managed efficiently, patients can transfer between sites as part of the RTT pathway. Under the Constitution, patients may choose where they have their treatment and care. This should be discussed at the point of referral and should be communicated with patients at the time of outpatient consultation. Following clinical triage, UHNM may offer an alternative Trust site if it means the patient's best clinical interest will be better served or they will be seen in a more timely way. UHNM provides services over two main sites and patients will be offered the site that is most appropriate. For some patients going to an alternative site may prove difficult and this has to be reviewed on an individual basis to consider exceptional circumstances.

[No. 1 Transferring patients to and from the private sector](#)

14.6 Inter-Provider Transfers (IPT) on an 18 week pathway

Patients can begin their pathway at UHNM and then be referred to another Provider for treatment. In this case the responsibility for care is transferred. They can also be sent to another Provider for specialist investigations that UHNM may not be able to provide and return to UHNM for on-going care. In this scenario responsibility for care and the RTT clock remains with UHNM.

Where the responsibility for the care of a patient on an 18 week pathway transfers between healthcare providers, this is referred to as an Inter-provider transfer. This includes transfers to and from Independent Sector providers where this transfer is part of an NHS commissioned care pathway. Requests for a clinical opinion that result in the patient's care being transferred to an alternative provider can also trigger an IPT.

The Department of Health have mandated the use of a minimum data set for inter-provider transfers from 1 January 2008 (IPTMDS). The pathway data contained within this data is essential in order for receiving organisations to accurately monitor and report patient waiting times.

The Trust may receive and send the following requests

- Referring consultant is requesting a clinical opinion or diagnostic whilst retaining clinical responsibility and waiting list management (No RTT clock starts)
- Referring consultant is transferring clinical responsibility and waiting list management (RTT clock starts or Non- RTT if the patient has already received treatment and is being followed up for on-going management)

It is essential that the RTT clock start date is identified in the MDS to ensure the patients 18 week pathway is maintained. Whilst there are no recognised national breach sharing arrangements between providers in relation to 18 Weeks RTT pathways, there is an expectation that providers will work together to develop 18 Week compliant inter-provider pathways.

Referrals from other hospitals to UHNM must include a completed IPT MDS. UHNM will contact the referring trust within 48 hours of receipt of the referral and request the additional information required within 5 days. If that approach does not elicit the information requested, UHNM will contact the referring trust for a second time advising them that the referring trust has a further 5 days from the date of the second contact to provide the information.

Administrative decisions should not override clinical decisions therefore incomplete administrative RTT data is not an acceptable reason for delaying the acceptance of an appropriate referral. The administrative transfer of RTT information using the IPTMDS should not compromise either patient care or the patient experience.

Additionally, there should be clear and timely communication channels between providers to share information relating to the patient's RTT status and progress along the pathway e.g., clock stops.

No. 2 Inter Provider Transfers

14.7 Readiness for treatment

- Before patients are referred, GPs and other referrers are asked to ensure that patients are ready, willing and able to attend for any necessary outpatient appointments, diagnostics and/or treatment and ensure the patient is both clinically fit for assessment and possible treatment of their condition within the standard of 18 weeks and that they fully understand the implications of any surgery or other treatment which may be necessary (*Standard*)

No. 3 Ready, fit and available

In the case of suspected Cancer, GPs should make patients aware of the reason for 2ww referral.

If patients are not available, referrers should wait until the patient is available and make the referral then.

15.0 Referrals - General Principles

15.1 Referrals

- NHS providers should accept all clinically appropriate referrals for elective consultant-led services made to them. Patients choosing a particular NHS provider must be treated by that provider as long as this is clinically appropriate and in accordance with the patient's wishes. Managing to meet the demand for popular services is a shared responsibility between commissioners and providers and they need to work together to ensure that, where clinically appropriate, patients are treated at their choice of provider.
- All GP referrals will be via the national E-Referral System (ERS) and the Trust may reject any referrals made by GPs to Consultant-led acute outpatient Services made other than through the NHS e-Referral Service (with the exception of agreed pathways, referred to in appendix 12.1).
- Referrals to departments and/or medical secretaries are discouraged. If a referral is received then that referral is logged and uploaded in iPortal then referral letter forwarded to the outpatients department Referrals should have the referral letter uploaded in iPortal
- If a paper referral is received for one of those services. The referrer is responsible for ensuring that the referral letter contains the essential minimum data set (MDS). New referrals should be addressed to the Specialty (rather than a named consultant) and must provide a minimum data set.
 - Patient NHS Number
 - Full name of patient
 - Patient date of birth.
 - Patient gender.
 - Ethnicity
 - War Veterans and Families
 - Patient full address including postcode.
 - Patient up-to-date contact telephone number (including a mobile number for the text reminder service and a day, evening telephone number that the patient would like to be contacted on, email or other contact details).
 - Relevant medical history.
 - Specific clinical question and/or diagnostic examination required.
 - Sufficient clinical data to enable the appropriate appointment to be made must be included. The letter should also state the patient's current drug regime, clinical questions to be answered and significant past medical history.
 - Diagnosis (provisional, differential or definitive)
 - Full Referrer contact details

Providing patient ethnicity or any other details that will enable the Trust to take any particular needs into account when planning or providing the required service is desirable, but is not cause for return of the referral if not included.

- It is the responsibility of the staff who receives paper referrals (Outpatients team and Medical secretaries) to ensure that this process is adhered to. Referrals that are not approved due to lack of clinical information can also be returned (see SOP : Rejection of Referrals)
- All referrals sent through the Trust's mail system must be opened and stamped on the day of receipt

NB: In the case of Cancer two week waits, if a referral is received which does not contain the information needed to process it, then the referring GP should be contacted immediately, thereby minimising the delay to the patient. This does not constitute a reason for making a pause to the pathway and patients should not be referred back to their GP to stop a pathway

- Where possible, referrals should be made to a service rather than a named consultant, so that an appointment can be allocated to an appropriate Consultant with the shortest waiting time. However, services on E-Referral should be set in a way that allows users to book with a named consultant should they wish. Open referrals are managed the same way.
- The priority of the e-referrals should be recorded on the appointment type and the waiting list entry adhering to:
 - 2ww – for all referrals via the cancer bureau
 - Urgent – determined by the GP but can be downgraded by a consultant following triage and the GP will be informed
 - Routine
- Referrals to Advice and guidance will be operational and follow the contract agreement for 2018/19 and 2019/20

15.2 Triage

- E-referrals should be clinically triaged, accepted, change service or rejected as appropriate within 5 working days following the e-referral pathway start date of the unique booking reference(UBRN)

No. 4 Returning/Rejecting inappropriate referrals

- If the referral is clinically inappropriate, the consultant may not accept the referral. If this is the case, the reason for the decision will be communicated to the referrer via the E Referral system.
- Clinical priority for non-cancer referrals is initially determined by the GP and can be downgraded by a clinician upon clinical triage.
- NO cancer referral can be rejected. Only a GP can downgrade a 2 week wait referral. If the consultant thinks the two week referral is inappropriate this must be discussed with the GP and if after the discussion the GP agrees to downgrade the GP has to cancel the 2ww and refer through normal ERS
- The Trust will adhere to the local Commissioning Policy on Excluded and Restricted Procedures (Commissioning Policy for Excluded and Restricted Procedures). The purpose of this Commissioning Policy (which replaces the current Policies on Procedures of Limited Clinical Value and Low Priority Treatments) is to clarify the commissioning intentions of the Clinical Commissioning Groups across Staffordshire, namely North Staffordshire CCG, Stoke on Trent CCG, Stafford and Surrounds CCG, Cannock Chase CCG, South East Staffordshire and Seisdon CCG and East Staffordshire CCG. It is the responsibility of the clinicians to vet their referrals and reject any that does not comply with the policy.

15.3 Cancer 2 Week Wait (2ww) referrals

A 2ww referral to cancer services which starts a 62 day cancer target clock will also start an 18 week clock.

The patient should be referred by the GP to UHNM within 24 hours of the decision to refer on the standard 2ww pro-forma and sent via E-Referral.

Patients with suspected cancer who are referred urgently must be seen (have their appointment) at the earliest opportunity and within a maximum of 14 days. All patients should ideally have an appointment booked that falls within 7 days of receipt of the referral. The date a referral is received is day zero.

To ensure the 14 day target is met, the process to be followed for managing the referral, contacting the patient and arranging an appointment are different from those followed for routine referrals:

- Two week cancer referrals must be made on eRS or via the dedicated nhs.net email address and allocated to the relevant specialty
- Referrals must be registered within 24 hours on MEDWAY and Somerset Cancer Register (SCR).
- Contacting patients is within 48 hours::
 - If the appointment is being booked within 7 days the patient is contacted by telephone
 - If outside 7 days a letter is sent
 - ALL patients will get a text reminder 2 days before the appointment
- After agreement of appointment on the telephone, a confirmation letter should be sent.
- If the patient is not contactable by telephone, the GP should be contacted to ensure the correct details are being used and to find out whether the GP has any further telephone numbers for the patient.
- If the patient still cannot be contacted by telephone, an appointment within 14 days should be made and sent to the patient by first class mail. The letter should be copied to the GP.

15.4 Internal referrals (primarily Consultant to Consultant)

Onward referrals should only be made where it is in relation to the patient's original condition. If other conditions are identified this should be communicated back to the GP for them to have a conversation regarding choice with the patient. The EXCEPTION to this is where the clinician identifies an urgent (possible cancer) condition.

Permitted examples might include:

- Referral on for diagnostics
- referral from Endocrinology to Bariatric Surgery, Neurology to Neurosurgery, Cardiology to Cardiac Surgery, Thoracic Medicine to Thoracic Surgery, between Audiology & ENT
- referral arising from a decision taken at a multidisciplinary team meeting
- referrals for assessment of complications of a treatment monitored by the referrer
- referral for any patient with an active diagnosis of cancer, where the problem is potentially related to the cancer or its treatment
- referral for transfer from paediatric to adult services
- referral related to a patient's antenatal and/or postnatal care
- referral between gastroenterology and hepatology, and between gastroenterology and GI surgery
- joint clinic between liver and renal for renal patients with liver disease
- referral for specialty assessment as part of pre-operative assessment

Onward referrals classed as clinically urgent by a referring consultant (i.e. those which must be seen within 2 weeks) are permitted and there is no requirement to refer back to the GP.

Permitted examples might include

- suspected Cancer in accordance with the 2ww referral criteria (including further clinical opinion sought in relation to the cancer referral)
- referrals to Rapid Access Chest Pain Clinic

Onward referral from an A&E attendance should only be made for urgent or cancer referrals. All non-urgent referrals should be referred back to the GP to ensure that the patient's overall health needs are taken into account in any future referral.

Permitted examples might include:

- suspected Cancer in accordance with the 2ww referral criteria (including further clinical opinion sought in relation to the cancer referral)
- referrals from A&E to Fracture Clinic and Hand Fracture Clinic
- referrals from A&E to Emergency ENT Clinic, Renal Stone Clinic, Gynaecology Emergency Clinic, TBI clinic, First Fit clinic, Allergy clinic (for Anaphylaxis)
- referral to obstetrics for urgent opinion, by a medical or surgical or A&E team treating a pregnant woman

In the case of a referral internally from one team to another for the same condition being accepted – the RTT clock will continue to tick. If the referral is for a new condition as per permitted exceptions mentioned above, a new RTT clock will start at date referral received.

15.5 Diagnostic Referrals

Direct referrals from primary care to diagnostic services in secondary care do not start an RTT clock unless they are 'Straight to test' referrals, however the 6 week wait standard for diagnostic applies. 'Direct Access' diagnostics is any arrangement where a GP can refer a patient directly to secondary care for a diagnostic test/procedure without having to attend a consultant OP appointment first. The GP retains clinical responsibility for managing the on-going care.

Where a GP refers a patient for a diagnostic prior to an Outpatient appointment with a consultant, as part of an agreed pathway, (straight to test) then the patient is on an RTT pathway and the clock starts on receipt of the referral or conversion of the UBRN. The patient must have the diagnostic procedure within 6 weeks of referral.

Note: It is the GP's responsibility to be clear on the referral whether they are sending the patient for treatment or to request a diagnostic to make a decision regarding treatment.

The key difference between 'Direct Access' and 'Straight to test' is whether the GP is intending to continue to clinically manage the patient's care in primary care (and is simply using the diagnostic test to inform this process) or whether he or she has already taken the decision that secondary care will provide the continuing care which that would be 'straight to test'.

The ideal method of requesting internal diagnostic tests is via ORDER COMMs

[No. 5 Diagnostics](#)

15.6 Straight to Test

A patient is sent straight to test post referral and whereby a patient will be assessed and might, if appropriate, be treated by a medical or surgical consultant led service before responsibility is transferred back to the referring health professional.

2ww referrals straight to test the diagnostic appointment should be booked within 14 days of referral. If not diagnosed with cancer there is a clinical step down process where all are

passed to the relevant medical secretary to request clinician sign off to remove the patient from the 62 day pathway.

15.7 Referral takeovers

There are occasions when one consultant leaves and another is recruited to the vacant post. In these circumstances the patients may need to be transferred (taken over) by the incoming consultant.

[No. 6 Referral takeovers](#)

16.0 Making Appointments

Patients will be selected for booking appointments or admission dates according to clinical priority. Patients of the same clinical priority will be appointed/treated in RTT chronological order, i.e. the patients who have been waiting longest will be seen first. Patients will be selected using the trust's patient tracking lists (PTLs) only. They will **not** be selected from any paper-based systems.

16.1 Booking types

There are 3 different types booking utilised across the trust for routine referrals:

Full booking

In a full booking system the patient is given the opportunity to agree a mutually convenient new appointment date, or a patient agrees a mutually convenient follow-up appointment directly after a clinic attendance, or agrees a mutually convenient admission date after a decision to admit

Patients who have had the opportunity to agree a date but choose to wait longer should still be counted as a fully booked patient.

Direct booking

An appointment (new or follow-up) is booked and sent to the patient, without any agreement with the patient. For example, some diagnostic appointments are posted to the patient when the request is received by the internal department. The patient may phone to amend the appointment if not convenient but this method does not always enable initial active engagement with the patient and is not the preferred method of managing booking.

Partial Booking

In some services, a letter is sent to the patient, after prioritisation of referral, requesting the patient to telephone the Trust to agree a mutually convenient appointment date. Partial booking may also be used where a patient is given a target date and held on a waiting list to be contacted nearer to the time when a slot becomes available. It requires the booking system to be configured to ensure appropriate letters are sent at the appropriate times.

[No. 7 Partial Booking](#)

Patient does not respond to partial booking process – removal from Waiting list

Where there is no response by a patient to partial booking letters within 7 working days, the Trust should send a contact letter requesting the patient phone to make an appointment. If they do not phone within 10 working days, the Trust should confirm demographic information, send an additional contact letter (with a copy to the referring agent) confirming they have sent a previous letter and stating if they do not hear back within the defined period, the patient may be discharged. Such patients should be clinically reviewed before a decision to discharge (Appendix 12.6)

Other Services - booking

Rapid Chest Pain Clinics, Audiology services, Allied Health Professional Services, Dental

(Vantage System) and other services provided by the Trust operate individual booking protocols in line with nationally and/or locally agreed access targets.

16.2 Reasonable Offer

No. 11 Reasonable notice

The national definition of reasonableness is an appointment or TCI with a minimum of three weeks' notice. This is considered a reasonable amount of time for a patient to make any necessary arrangements to attend e.g. transport.

For non-E-Referrals the Trust encourages speaking to the patient and actively engaging the patient in the arrangement of an appointment wherever possible as this reduces the number of DNA's. This may not always be possible and if a letter, offering an appointment, is sent for reasonableness to apply there should be a minimum of three weeks' notice (the exception to this is patients attending for diagnostics – see diagnostic section).

If a reasonable offer is declined for either a new or follow-up outpatient consultation then this may be escalated to the relevant clinician for resolution. No patient should be discharged in these circumstances without clinical review of their case. However, clinicians should be informed of patient-initiated delays to ensure that no harm is likely to result from the patient waiting longer for treatment. The clinician may make the decision that it is more appropriate to discharge the patient back to the care of the GP and this will stop the RTT Clock.

All providers have a contractual obligation to ensure sufficient capacity is available in the NHS E-referral system

To manage the demand of referrals and ensure equity of waiting times across a specialty, a referral letter will be allocated to the consultant with the shortest RTT waiting time. However, in some circumstances it is clinically appropriate to send a patient to a previously seen consultant.

Patients are seen in the order of clinical priority and thereafter in chronological order based on booking patients in turn except for emergencies; cancer 2 week waits; clinically urgent patients and then serving Armed Forces personnel/ veterans and their families. Once these groups are prioritised the remaining patients are seen in chronological order.

The Trust methods of communicating appointments with patients:

- Verbal – the ideal method
- Written
- Call Reminder Service

Patients are kept informed and have a single point of contact on the appointment letter

Booking a future appointment for non-cancer pathways that are received other than through E-Referrals, should be performed within 5 working days of receipt of the referral. In most instances appointments will be booked prior to triage to avoid any delay. If the referral is rejected or priority changed the booking team are responsible for making the appropriate changes to the Medway PAS system.

The booking should be completed wherever possible, with active engagement and acceptance with the patient i.e. agreed via phone or partial booking processes.

Appointment letters must be sent to the patient once the appointment is booked. If an appointment is booked with less than 7 days' notice UHNM will contact the patient.

Where capacity is not available within e-referral, requests for new appointments are added to

an Appointment Slot Issue work list. Patients must be booked from this list

ASIs should be resolved daily and within a maximum of 5 working days

Extending polling ranges (the furthest date beyond which cannot be booked) is flexed by outpatient's administration team according to the needs of the speciality.

Referrals and waiting times and any other data must be correctly entered on to the Trust's PAS system, Medway.

The patient will be sent a confirmation letter regarding their booked appointment. The letter must be clear and informative and should include a point of contact and telephone number to call if they have any queries. The letter should explain clearly the consequences should the patient cancel the appointment or fail to attend (DNA) the clinic at the designated time

When patients cancel their appointments and do not wish to have another appointment, the Trust will discharge the patient and inform the patient that should they need to re-refer to seek advice from their GP.

The details of any contact(s) with the patient must be documented on the Medway in the comments fields where there has been a change in appointment details.

16.3 Arranging Diagnostic Appointments

For diagnostic appointments a 'reasonable offer' is considered to be a date with two weeks' notice. (Local agreement) and two offers.

Appointments are made either by:

- sending an appointment to the patient via a letter
- contacting the patient to agree a date

In the case of a Partial booking letter is sent for a patient to reply to the Trust to agree a date for a diagnostic test/procedure, it is considered reasonable to wait for one working week, at which point the Trust should confirm patient demographic information, attempt to phone the patient and send a further contact letter in case the original letter was not received. Contact with the referring agent may also be helpful. Contacts may need to be outside the normal working hours.

Patients should not be removed from the list if they do not reply without the Trust making all reasonable efforts to make an appointment for the patient and then only after a clinical decision is made.

A pause or suspension cannot be applied for any patient waiting for an outpatient or inpatient diagnostic procedure.

16.4 Patient Attendance for a Diagnostic appointment

On arrival at clinic, the patient will be booked in and all patient details will be checked and amended as necessary on MEDWAY or other appropriate IT systems. The status of overseas visitors will be checked and the Overseas Manger will be notified where it is suspected that the patient is an overseas visitor.

17.0 Clinic templates

[No. 8 Clinic changes - permanent and temporary](#)

Template Changes

Templates on the Medway system should reflect the mix of referrals and the capacity required to deliver the Access targets, as well as new to follow up ratio requirements. Templates dictate the number of slots available for new and follow-up appointments, and specify the time each clinic is scheduled to start and finish.

Temporary clinic changes

All requests for temporary clinic changes will only be accepted in writing on the agreed pro-forma with Directorate Manager sign-off. All requests for template changes must be made with at least 6 weeks' notice to allow Outpatient Services Staff to give time to implement the change.

Overbooking of clinic templates is not encouraged but may need to occur due to clinical urgency. Slots can be added with the consent of the relevant clinical and speciality management team.

Permanent Clinic Changes (existing clinic codes)

All requests for permanent clinic changes will only be accepted in writing on the agreed preformat with the correct sign off authority. If patients are already booked onto to the clinic NO changes will be implemented until the first available empty session.

New clinics Set-up (including TI's)

All requests will only be accepted in writing on the agreed proforma and submitted with a minimum of 6 weeks' notice. If inadequate notice, at least 6 weeks in not provided it is possible that changes may not be made by the required date. For TI's only a minimum of 7 days is required to implement the change.

No. 9 Clinic changes - definitions of nurse led, consultant led

18.0 Alteration or Cancellation of a booked appointment

18.1 Patient Cancellations/ Declining Reasonable appointment offers

Patient cancellation is where the patient makes a personal decision not to attend the appointment. The cancellation of an appointment can be initiated by the patient, carer, parent/guardian, GP.

Any cancellations made by a family member, or carer, will be considered as a patient cancellation. If the patient gives any prior notice that they cannot attend their appointment (even if this is on the day of clinic), this should be recorded as a cancellation and not a DNA (with the exception of cancer pathways).

No. 11 Reasonable notice

Patient Cancellation of 1st outpatient appointment

As stated above – patients referred using E-Referral will have been given choice of appointments (fulfilling reasonableness). If a patient then chooses to cancel this and re-book this may result in a clinical review and the patient being referred back to the GP.

Patient Cancellation of two subsequent outpatient appointments with the intention rescheduling

If a patient is on an OPWL and they have cancelled an offer made with reasonableness, the staff processing the cancellation will place the patient on the partial booking list to ensure visibility of the patient on the Trust's waiting list.

The operational staff will then seek a clinical decision regarding re-appointment or discharge using the following criteria:

- The consultant has reviewed the case and feels it is in the patient's best interest to be

referred back to the GP. The consultant needs to be made aware of all relevant details i.e. that the patient had reasonable notice; that the cancellation was or want in response to the hospital cancelling

- The appointment was actively agreed/clearly communicated to the patient;
- The clinical interests of children or vulnerable patients are protected

At each point that the patient is contacted or a next event booked, this must be recorded on MEDWAY.

No. 10 Managing Patient cancellations and Patient DNA's

18.2 Hospital Cancellations

The hospital should only cancel a patient appointment under exceptional circumstances. If the hospital cancels a patient's appointment anywhere on an RTT pathway, the clock continues to tick.

In the event of a hospital cancellation, where possible patients must be given as much notice as possible (this is not always possible for on the day cancellations due to exceptional circumstances.) Patients should be actively agreeing their rearranged date wherever possible.

Short notice cancellations are when appointments or clinics are cancelled by the hospital with less than 6 weeks' notice. At each point the patient is contacted or a next event booked, this must be recorded on MEDWAY. If less than 5 working days' notice given directorate teams will contact the patients to cancel – unless due to sickness or emergency cover in these cases a joint approach will apply.

When a consultant leaves UHNM, the Directorate will complete the agreed proforma and identify if patients are booked where these patient will be move too, if this is not provided no action will be taken to cancel the clinics. In addition the waiting lists are changed accordingly.

18.3 Cancer - Management of Initial Appointment Cancellations

Patients must be re-appointed after a first cancellation and must still be dated within fourteen days of the referral. If it is not possible to offer an appointment within the target time the escalation process (see Cancer Operational Policy) must be followed.

Cancer Wait Times guidance does not allow patients to be referred back to their GP/Referrer after multiple cancellations unless this has been agreed with the patient and referrer. However it is good practice to let the GP/Referrer know that the patient has deferred appointments. If the patient agrees to be discharged back to their GP/Referrer the service will write to the referrer within five working days.

Management of Appointment Cancellations whilst the patient is on a Continuous Cancer Pathway

The operational standard applied to the 62 day pathway takes into account the volume of patients likely to defer appointments or be unfit at stages of their pathway.

The same criteria apply as for management of initial appointment cancellations listed above.

For each stage of their pathway, (non-admitted, diagnostics, admitted) patients must have been offered and have accepted at least two appointments which they subsequently cancel, prior to being referred back to their GP.

18.4 Diagnostic pathways and Cancer Patients

For some patients with suspected cancer the first appointment in their pathway will be "straight to test", for example, CT lung. For straight to test referrals, the appointments should be booked within 14 days of referral and patients given as much choice as possible given the time constraints of 14 days.

For patient who have had a 1st OPA, diagnostic appointments should be directly booked whilst the patient is at the hospital. Ideally, no patient should leave the hospital without a date for at least the next step in their pathway.

The escalation process should be followed if there is no diagnostic appointment showing within 2 days or if the appointment is booked over 14 days from request. The dates of diagnostic tests are monitored by the MDT co-ordinators and via the PTL meetings.

18.5 Cancer - Where Patients are not immediately fit for diagnostics

The patient should continue to be monitored. When the patient is fit for investigation and a confirmed diagnosis is made, the patient will be treated on 31 day subsequent treatment pathway. The operational standard for the 14 day, 31 day and 62 day standards now incorporate this and therefore patients are required to remain on their cancer pathways and not be referred back to the GP unless the consultant in charge of their care assesses it to be essential for the patients care.

Cancer Waiting Times guidance states if the patient refuses all reasonable diagnostic tests then they have taken themselves off the 62 day pathway and would be treated on the 31 day pathway if subsequently diagnosed with cancer. However if the patient is unwell and cannot attend then the 62 day clock continues

19.0 Did Not Attend (DNA) at first or subsequent appointment

Patients who give prior notice when cancelling or rearranging their appointments in advance should not be classed as DNAs, regardless of how short the notice.

The first activity in a pathway is classed as 1st DNA and this activity will stop an RTT Clock. If the patient DNAs the relevant staff member to ensure that the Clinician reviews the file in clinic and completes a Clinical outcome form with the appropriate clinical decision.

Discharging patients following a first DNA it is a clinical lead decision. Every effort will be made to contact the patient to ascertain the reason and if it becomes evident that the patient no longer wishes to engage in hospital care they will be discharged back to the GP. In all cases the consultant will review the clinical information and if it is recommended to return the patient to the care of the GP then this is done for the patient's best clinical interests.

19.1 Cancer - Management of Initial Appointment DNAs

When a patient is referred on a suspected cancer pathway and they DNA, the patient should be contacted via telephone and a new date negotiated. When the Trust makes contact with the patient this restarts the 14 day clock. The new appointment should be within 14 calendar days (10 working days) of this contact.

For cancer patients on a 2 week referral the patient cannot be discharged back to the referrer unless this has been discussed with the referrer by a member of the clinical team and agreed (in writing) by the referrer.

Before referring back to the GP the patient must be discussed with the consultant and the GP should have a formal written communication within 5 days to inform them so that the patient can be followed up if needed in primary care. The decision to discharge back to the GP should also be discussed with the patient. Alternatively, the clinician may decide that the patient needs to be rebooked for clinical reasons.

Where patients have DNA'd their initial outpatient appointment twice the Consultant has a duty of care to review the referral details of the patient prior to discussing with the GP referral back to the GP.

The patient must be informed of the action which is being taken. GPs must have proactive arrangements in place to ensure that patients referred back to them are consulted with to establish the reasons for the DNAs and take appropriate steps to ensure treatment is made available, if required.

Cancer - Management of DNAs whilst the patient is on a Continuous Cancer Pathway

CWT guidance does not allow patients to be referred back to their GP/Referrer after multiple cancellations unless this has been agreed with the patient and referrer. However it is good practice to let the GP/Referrer know that the patient has deferred appointments. If the patient agrees to be discharged back to their GP/Referrer the service will write to the referrer within five working days.

This applies for outpatient appointments, appointments for investigations or diagnostics, subject to Consultant agreement and review of the clinical urgency. Before discharge back to the care of the GP, the Consultant must review the referral details and discuss with the GP and patient the planned action. GPs must have proactive arrangements in place to ensure that patients referred back to them are consulted with to establish the reasons for the DNAs.

Cancer 2ww - Inability to attend for social, ill health reasons

Should the patient not be able to attend an appointment within this two-week period then alternative appointments should be offered outside of the two-week period. It is expected that a certain proportion of patients will choose to wait longer and the operational standard takes this into account.

Any patient referred as a suspected cancer (two week wait referral), that has been diagnosed with cancer will be treated within 62 days from the receipt of the referral to first definitive treatment and 31 days from decision to treat to first definitive treatment. The Cancer Waiting Time operational standards have been set to allow for a proportion of patients to breach these standards due to medical reasons or choice.

19.2 DNA or Cancellation of Diagnostic Appointments

Management of patients who DNA and/ or cancellation appointments apply to diagnostic patients as for other parts of the pathway.

There are rules pertaining to re-setting the 6 week diagnostic clock following a DNA or cancellation:

- If a patient cancels 1st diagnostic or misses an agreed appointment for a diagnostic test/procedure, then the diagnostic waiting time for that test/procedure is set to zero and the waiting time starts again from the date of the cancelled/ missed appointment (earliest reasonable notice) that the patient cancelled/missed. This only applies when reasonableness has been met.
- Similarly, if a patient turns down two reasonable appointments, i.e. two separate dates and two weeks' notice, then the diagnostic waiting time for that test/procedure can be set to zero from the first date offered.

20.0 Vulnerable Adults

It is essential that patients who are vulnerable, for whatever reason, have their needs identified as part of the referral process to the Trust, or at the point of requesting diagnostics or requesting an admission, with the patient's consent and their needs taken into account at all times throughout their journey (see section 11.3). This group of patients includes:

- Patients with learning disabilities or mental health problems
- Patients with significant physical or mobility difficulties
- Patients who require an interpreter/advocate
- Patients who pose an increased anaesthetic risk (e.g. uncontrolled epilepsy, congenital heart disease)
- Patients who require community care

21.0 Clinical Outcomes – use of the Trust clinical outcome form

All contacts with a patient, whether face to face, letter or phone must be recorded so that the patient pathway can be accurately documented and activity accurately captured. This includes any contact to tell patients outcome of diagnostic tests, review of scans and any other contact related to the patient.

All attendances to outpatient services within the Trust, recorded on the Trusts PAS system, must have an attendance outcome. An accurate RTT status and outcome of attendance must be recorded and where appropriate, the Outpatient Procedure outcome must be completed.

Clinic receptionists and all others responsible for recording contacts with patients must enter an accurate clinical outcome and RTT status on MEDWAY. This must be the recorded decision of the clinician. Ideally, this must be recorded on the Trust MEDWAY system real time or within 24 hours, other than in exceptional circumstances (such as a clinic being held off site).

All patients in need of a follow-up appointment:

- If under 6 weeks – book now (unless no capacity available then force book)
- If > 6 weeks – add to partial booking

There is an un-cashed up clinic report and un-outcomed clinic to manage un-cashed clinics.

In the event the receptionist does not receive a clinic outcome form every effort should be made to discuss the outcome with the clinician/ nurse in charge.

If no outcome is recorded, a report is published weekly showing all the unattended outcomes. These will be managed by the Directorate teams and the PAS system updated with the correct information.

No. 12 Recording clinic outcomes

Clinic outcomes – clinical decisions made outside of clinic appointment

There may be instances where a clinician, in agreement with the patient, offers to review test results outside of clinic (often in his office) and then contact the patient either by letter or telephone with the results. This is often undertaken when it is anticipated no further follow up is required. In this instance the patient is added to the Partial booking Waiting List with a review by date of 9 weeks and the medical secretary will update Medway appropriately when the test results have been reviewed. (Standard Operating Procedure 2 – Updating of Medway with clinical decisions made outside of the clinic appointment).

Diagnostic Results Reporting

Reporting of results must be made available in time to allow progress through all likely stages of the RTT/ cancer wait times (CWT) pathway. The services have a 'Review Waiting List' available so that medical secretaries/relevant staff can track patients who have been sent for tests. This Review Waiting List to be monitored at Access & Performance.

22.0 Annual and Study Leave

The outline principles for requests for annual and study leave by consultant and 'career grade' doctors are:

- Annual leave must be requested a minimum of six weeks before leave is to be taken

In terms of the 18 week pathway:

- The service should explore clinic cover arrangements in order to avoid or reduce appointment cancellations
- If cancellation is the only option the relevant form/information must be forwarded to the Outpatient Team, who will then cancel the clinic as per instructions
- Clinics that require cancellation as a result of annual /study leave with less than six weeks' notice, will require written approval by the appropriate authorised signatory

- Patients who have to be cancelled should be re-booked as close to the original appointment as possible, according to clinical priority

FOI ref 645-1920

SECTION 4:

Management of Elective Admissions to Hospital - General Principles for Inpatient & Day Case Waiting lists

23.0 Pre-Operative Assessment (POA)

Patients for elective surgery under general anaesthetic/ local anaesthetic will undergo pre-operative assessment

- Patients admitted for elective surgery will undergo MRSA screening prior to admission
- The Pre-Operative Assessment Service either:
 - aims to see patients on the day of decision to treat – face to face/ walk-in service
 - by appointment – face to face
 - a telephone assessment

Patients who DNA/cancel their POA appointment will be contacted and a further appointment agreed. If they DNA /cancel again, they will be returned to the responsible referring consultant. **The RTT clock continues to tick throughout this process.**

[No. 13 Pre-operative assessment](#)

23.1 Adding Patients to an Inpatient Waiting List

The decision to add a patient to the waiting list (for In-patient or day case procedure including a diagnostic procedure) must be made by the consultant or their designate.

The clinician should confirm at the time of the Decision to Admit (DTA) that the patient will be available for their procedure. The relevant administrative staff to update Medway PAS within 3 working days. If the patient makes themselves unavailable for more than 4 weeks following a decision to admit, the clinician may determine that the patient's best clinical interests are served if they are returned to the referring agent. This will stop the RTT Clock refer the national rules for application guidance.

However, the clinician may determine, in agreement with the patient, that a period of patient initiated active monitoring (also called 'watchful waiting') may be clinically appropriate. In which case the patient will not be added to the Waiting List for a procedure and the clock will stop. In this event the patient **MUST** be placed on the follow up Partial booking waiting list with an agreed future appointment date determined between the consultant and the patient.

The patient must have accepted the clinician's advice on elective treatment prior to being added to the waiting list.

Patients will be offered a TCI, where appropriate, at any site within UHNM. They do not have to accept a TCI other than at the hospital of their choice, even if it means they will not be seen within 18 weeks.

The 'active waiting list' should only consist of patients awaiting admission who are ready, fit and available to come in.

23.2 Management of Inpatient waiting lists

Each patient must be categorised into clinical priority (cancer, urgent or routine) by the Consultant or a member of their team. The category should reflect the patient's need for surgery. Each specialty and sub-specialty should have a documented definition for urgent and routine, based on NCEPOD (National Confidential Enquiry into Patient Outcome and Death Enquiry) guidance.

Schedulers will maintain waiting lists on MEDWAY in a timely manner to ensure that waiting times are correctly calculated.

For patients under the Excluded and restricted policy, it is recommended that all approvals are sought prior to listing a patient for surgery, but it is acknowledged this cannot always be done prior to referral. However, the clock continues to tick whilst approval is sought. The two scenarios that will stop the RTT clock is treatment being offered is undertaken or the application for funding is not approved.

23.3 Patients unfit for surgery

Once added to an elective waiting list, if the patient is not fit for their surgery, they must be reviewed by the clinician in charge of their care.

If the patient is unwell with a short term illness such as a chest infection not picked up at Pre-operative assessment, then the RTT clock should continue and another TCI offered, unless a clinical decision is made that the patient is unsuitable for surgery/treatment and the patient is to be discharged back to the referrer. The administrative staff to update the RTT pathway with a clock stop.

If the patient is unfit due to a longer term condition, the consultant will consider if the patient is able to continue with the surgical pathway at that time. In the event the patient is unable to continue the consultant will agree to remove the patient from the inpatient waiting list and then either:

- Discharge back to the referrer to manage the condition, to be re-referred when stable and fit for surgery
- Remain under the care of the consultant, placed on clinician initiated watch and wait and make the necessary referrals to specialties who will manage the condition. The patient will be placed back on the inpatient waiting list at the time they are considered fit and able to continue with their original surgical procedure with a new RTT clock period.

Note: Patients who are on an RTT pathway should not be placed on a planned list if they are unfit for a procedure or operation. Instead, their clock should keep running unless a clinical decision is made to discharge or start active monitoring. This is focused on optimising the patient for surgery. Optimisation may occur within the Trust or within primary care – whichever is the most clinically appropriate clinical.

[No. 14 Patients unfit for Surgery](#)

23.4 Cancer - Where Patients are not immediately fit for treatment

If a patient is on a suspected cancer pathway and it is anticipated that they will be unfit for a period of time, the patient should continue to stay on the pathway. The lead clinician may review the pathway and communicate with the GP in the interest of the patients care.

The patient should continue to be monitored. When the patient is fit for investigation and a confirmed diagnosis is made, the patient will be treated on a 31 and/or 62 day pathway.

The operational standard for the 14 day, 31 day and 62 day standards now takes this into account and therefore patients are required to remain on their cancer pathways and not be referred back to the GP unless the consultant in charge of their care assesses it to be essential for the patients care.

Patients **must not be added** if:

- They are unfit for procedure
- They are not ready for the surgical phase of treatment
- There is no serious intention to admit them
- They elect to have 'thinking time'

Additions to the PAS must be completed in a timely manner and the date of adding to the list must equal the decision date.

On the date of admission, the clock will only stop for that episode if first definitive treatment given.

23.5 Thinking time

Patients are allowed a short period of time to consider their treatment options prior to being listed for surgery or agreeing to go ahead with surgery; during which the clock will continue. However, if a patient is still uncertain about going ahead with their treatment for example, after 2 weeks, it is acceptable for the consultant to place the patient on active monitoring and book a follow-up to come back.

It may also be appropriate both clinically and from a patient's perspective to stop a waiting time clock and refer back to primary care where a patient asks to think about their options for several months to see how they cope with their symptoms over that period.

The patient may be re-referred and a new 18 week clock would start or a new RTT clock would start when a decision to treat is made following a period of active monitoring.

For cancer referrals it is not appropriate to discharge back to the GP. Cancer patients will often require longer than 5 days thinking time and is it good practice for the clinical nurse specialist to keep in contact with the patient. Under the Cancer Waiting Times guidance, active monitoring cannot be used for patient thinking time the clock continues.

[No. 15 Thinking time](#)

23.6 Transplants

When a clinical decision is made and has been communicated to the patient and their GP to add the patient to an organ transplant list, this will stop the RTT clock:

- This applies to matched transplants (e.g. kidney, liver) where the clock should stop at the point of adding the patient to a transplant list. Once a matched tissue becomes available, a new clock starts and is stopped at the point at which the patient is treated.
- For unmatched transplants the RTT clock should stop when the transplant takes place, with the exception of corneal grafts pathways¹ (see also 10.2). Once a matched tissue becomes available, a new clock starts and is stopped at the point at which the patient is treated
- For live kidney donor recipients who are not intending to go on the national waiting list for a deceased donor the clock stops when they are considered fit for receipt of a live donor kidney (not the date of surgery).

23.7 Bilateral procedures

Consultant-led bilateral procedures are covered by RTT measurement with a separate clock/period for each procedure. The RTT clock for the first bilateral procedure will stop when the first procedure is carried out (or the date of admission for the first procedure if it is an inpatient/day case procedure). When the patient becomes fit and ready for the second bilateral procedure, a new RTT clock will start on the same RTT pathway.

23.8 Planned Patients

When a patient is referred to as being planned, this means an appointment /procedure or series of appointments/ procedures as part of an agreed programme of care which is required for clinical reasons, to be carried out at a specific time or repeated at a specific frequency.

¹ Locally agreed policy
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Planned activity is also sometimes called "surveillance", "re-do" or "follow-up". Examples include 6-month repeat colonoscopy following removal of a malignancy, tumour or polyp.

A patient is added to a planned waiting list for a planned sequence of clinical care determined mainly on clinical criteria (e.g. check cystoscopy) or where the procedure has to be performed at a set point linked to a clinical criteria (e.g. a certain age for a child before a procedure can be performed) or when they are due to have a planned procedure or operation that is to take place in a specific time, such as a repeat colonoscopy, or where they are receiving repeated therapeutic procedures, such as radiotherapy. The patient is added to a waiting list, having been given a date or approximate date which must be recorded on the order placed by the clinician at the time the decision to admit was made.

When a patient on a planned list does not have their consultant-led treatment procedure on or around the planned date they should be transferred to an active list and an RTT clock should start i.e. an RTT clock should start if the due date for the planned consultant-led procedure is reached and the patient has not yet received treatment. Thereafter, 'normal' RTT rules should apply. If a planned Diagnostic test passes the due date then a 6 week clock starts.

23.9 Selecting Patients for a Date of Admission

Patients will be selected according to clinical priority and longest waiting times. All pooled patients will be booked chronologically. If a patient is on the list of a named consultant these will be treated in chronological order for that list.

23.10 Admissions for Children and Young People

Care will be provided in an appropriate location and in an environment that is safe and well-suited to the age and stage of development of the child or young person.

Managing appointments for Admission

23.11 Reasonable Offer

Once a decision to admit has been made, patients will be offered the earliest available dates to come in, as appropriate. All patients will be offered a TCI or admission dates with a period of 'reasonable notice' i.e. a minimum of three weeks' notice with a minimum of two separate dates. Active engagement with the patient to agree a mutually convenient date should be attempted for each TCI.

Verbal offers

If a patient cannot commit to reasonably offered dates that falls within the necessary time frames so that they will have their first definitive treatment within 18 weeks, they may have their referral returned to their GP if the clinician determines it is in the best clinical interests of the patient and the GP will be asked to re-refer at a time when they are available to attend an offered date. It is important the Trust records the Earliest Reasonable Offer Dates (EROD) and details of discussions with patients confirming the reason for their decision to delay treatment / unavailability.

A patient may choose to come earlier. If a patient accepts a shorter notice appointment and it is recorded as accepted, then this constitutes a 'reasonable offer'. A patient must not be disadvantaged by being unable to accept an earlier date.

Non-verbal offers (letter)

In some instances TCIs are sent by letter. In this instance the offer sent is the first offer and should fulfil reasonableness. If the patient contacts the hospital to alter this TCI then a second offer is given as above.

23.12 Unable to contact a patient

In some instances the Trust will be unable to contact a patient to offer a TCI or the patient fails to acknowledge the TCI. In these instances staff should endeavour to have attempted to contact the

patient at various times of day/ week and confirmed the contact address/ telephone number with the GP.

'Where specialties continue to experience difficulties in contacting patients to confirm an appointment or TCI date the staff need to document this in Medway:

- Letter (s) have been sent and no response
- Attempted telephone calls/ text messages during the working day/ evenings and /or weekends
- Make the GP aware about the unavailability of the patient
- If vulnerable contact the relevant agencies e.g. Social worker or the Trust safe –guarding team

If all the above actions undertaken and still unable to make contact with the patient .The patients details should be forwarded to the consultant to make a clinical decision on further management e.g. discharge back to referrer

23.13 Patients who Do Not Attend (DNA) an admission date.

Patients who do not attend for admission will have their pathway reviewed by their consultant. If the patient's consultant decides that they should be offered a further admission date, the RTT clock continues to tick. Should the patient's consultant decide that it is in their best clinical interests to be discharged back to the GP and the RTT clock is stopped.

Especial care should be taken with the following cohorts of patients:

- Cancer and suspected cancer patients
- Vulnerable adults
- Patients with a notifiable disease
- Children attending Paediatric services
- Clinically led decision re clinical condition

All rules around DNAs on Non- Admitted pathways apply in respect of Paediatric and vulnerable patients. (See sections 10.6 and 10.11)

23.14 Patient Cancellations

If a patient cancels an actively agreed TCI in an RTT pathway for the first time for this stage of their pathway, another appointment or TCI may be arranged following a clinical review. The clinician may make the decision that it is more appropriate to discharge the patient back to the care of the GP.

If the patient cancels an actively agreed TCI date for a second time the patient need an active clinical review before any discharge is made. Safeguarding guidance applies. Patients who do not attend for admission will have their pathway reviewed by their consultant. If the patient's consultant decides that they should be offered a further admission date, the RTT clock continues to tick. Should the patient's consultant decide that it is in their best clinical interests to be discharged back to the GP, the RTT clock is stopped.

If the patient is subsequently re-referred by the GP this will be logged as a new referral and will start a new 18 week RTT pathway.

If a patient cancels an actively agreed TCI with no intention of having the procedure being undertaken the administrative staff to stop the RTT Clock and make the clinician aware and the Clinician to decide if it's in the patient's best clinical interests to be discharged back to the GP.

23.15 Hospital Cancellations on Day of Surgery

No patient should have his or her admission cancelled. However, this may occur in exceptional circumstances.

In the event that the Trust has to cancel a patient's elective procedure on the day of admission or day of surgery for a non-clinical reason, the patient must be offered another TCI date within 28 days of the cancelled operation date and within their RTT breach date. Ideally this should be face to face if the patient has arrived at the Trust or if not, within 24 hours of the cancellation. The Trust is monitored on the number of breaches of this national key target.

No patient should have their admission cancelled for a second time. However, in extreme circumstances this could happen and every effort must be made to offer the patient TCI within the 28 day standard and this could include another site within UHNM, another NHS Provider or the Independent Sector to avoid further delay.

If a patient is cancelled by the hospital prior to their admission date due to lack of an available bed, the patient will be rescheduled in the next available slot.

23.16 Activity which is not part of an 18 week RTT pathway

Many patients continue to have on-going care after their first initial treatment, sometimes for many years for the same chronic condition.

Measuring the RTT incomplete pathway applies to the time:

- immediately following referral from a GP to the first definitive treatment or patient being placed on watch and wait
- from any new clock/ RTT period being started later in a patient's pathway to treatment being given.

Therefore it is reasonable to have patients who are seen in clinics or even added to an inpatient waiting list who **are not** on an active incomplete pathway.

23.17 When to start a RTT pathway clock

When a patient has previously received their first definitive treatment, and a substantial different or new treatment is required for the patient, then this will start a new RTT pathway clock at the date the decision was made for the new treatment.

24.0 REFERENCES

24.1 Management of referrals and admissions into the organisation. (NHS Outcomes framework <https://digital.nhs.uk>).

24.2 NHS England – guidance between primary and secondary care
<https://www.england.nhs.uk/wpcontent/uploads/2017/07/interface-between-primary-secondary-care.pdf>

24.3 RTT Rules and guidance
<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf>

24.4 Cancer Wait times rules can be accessed at:
<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/cancerwaitingtimescwt>

24.5 Diagnostic rules suite can be accessed at:

<https://data.england.nhs.uk/dataset/monthly-diagnostic-waiting-times-and-activity-guidance-and-documentation>

24.6 NHS Choices

<https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs#section-2-waiting-times>

24.7 Reference: The Armed Forces Covenant

<https://www.gov.uk/government/publications/the-armed-forces-covenant>. Last updates 8 May 2015.

25.0 Services and Clinics excluded from E-Referrals:

For 1st Consultant led clinics and process for rejecting referrals

- Ambulatory Clinics – All Specialties
- Antenatal
- Emergency Clinics – All Specialties
- Fracture Clinics
- Obstetrics
- Ophthalmology – (Macular, Wet AMD only)
- TIA
- All activity from HMP's (Prisons)
- Activity following GP request for test
- Direct to test
- Rapid Access Clinic – Elderly Care & Cardiology
- Health Harmonie
- GP referrals from Wales
- MSK and MiCATS
- Referral from other hospitals

26.0 STANDARD OPERATING PROCEDURES

No. 1 Transferring patients to and from the private sector

Patients can choose to convert between an NHS provider and paying status or vice versus without prejudice.

The purpose of this SOP is to provide clear guidelines for staff in regards to patients who transfer to and from the private sector for health care.

This SOP should be read in conjunction with the Private Patients Policy F07.

Part A: Patients transferring from the NHS to an independent hospital outside UHNM.

No.	Description of Procedural Steps
1	Patients, currently on either an outpatient or inpatient waiting, who identify that they wish to independently fund their care outside the UHNM must be removed from the waiting list.
2	A discharge letter should be sent to the GP explaining that the patient has chosen to fund their care privately.
3	The referral will be closed – using ‘discharge outcome’ with relevant comments.
4	If the patient is on a current incomplete RTT pathway this is closed with a Non CDS action using the RTT status 35 (patient decision not to be treated), on the day that the patient discloses their intention to transfer.

Part B: Patients transferring from the NHS to independent within UHNM

No.	Description of Procedural Steps
1	The Trust welcomes private patients and uses the income generated from private patients for the benefit of all patients attending the University Hospitals of North Midlands (UHNM). When a patient identifies that they wish to proceed with their care as a private patient (within UHNM) the following actions are taken:
2.	The patient is removed from any waiting lists – In patient/ Outpatient or both if appropriate, with relevant comments.
3.	The referral is closed – ‘discharge outcome’ – this is important because the original referral is logged as NHS and care from this point on is private.
4.	IF THE PATIENT IS TO BE SEEN IN OUTPATIENTS: <ul style="list-style-type: none"> A new referral is logged with the admin category of ‘private’ – this ensures that all care from this point on is under ‘private’ IF THE PATIENT IS TO BE DIRECTLY LISTED FOR AN INPATIENT PROCEDURE: <ul style="list-style-type: none"> Listing can go ahead without a referral and again the admin category used is ‘private’
3	These patients would remain in the consultant’s care and do not need to be discharged back to the

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No.	Description of Procedural Steps
	GP. However, the GP should be informed of the switch of care.

Part C: Patients transferring from independent/ private care to NHS care

No.	Description of Procedural Steps
1	Patients can decide to continue care within the NHS after having part of their care in the private sector. Usually, but not always, this is when a decision to treat has been agreed (for example an operation).
2	For patients that are seen privately but then transfer to the NHS, if they are transferring on to a RTT pathway, the RTT clock should start at the point at which the clinical responsibility for the patient's care transfers to the NHS, in other words, the date when the NHS trust accepts the referral for the patient.
3	If the patient is added straight to the IPWL – a new RTT clock will commence.
4	If the patient is to be seen in the outpatient setting first, then a referral will be logged (source of referral external consultant, other provider) and a new RTT pathway started.
5	If you are unable to find the provider (referrer) contact DQ – do not log referral dq will do give all details

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No. 2 Inter Provider Transfers

To be updated

FOI ref 645-1920

No. 3 Ready, fit and available

The purpose of this SOP is to define what is meant by 'ready, fit and available'.

This is defined as the patient being **ready** (both mentally and physically), **fit** to undergo any appointments, diagnostic tests or treatments and **available** to accept appointments or admission date with reasonable notice.

This ensures that patients are seen and treated within the national standards and at a time that is clinically most appropriate for them, leading to the best possible clinical outcomes.

Part A: Non admitted pathways

No.	Description of Procedural Steps
1	Ideally, a patient should be 'ready, fit and available' prior to being referred to the Trust for treatment.
2	If a patient is sent an outpatient appointment, which they then decline due to being unavailable for a significant amount of time, the patients records should be reviewed by the consultant and if clinically appropriate returned to the GP to ref-refer when the patients ready to accept the next available appointment. Examples of this are: <ul style="list-style-type: none"> • Patients who work outside the UK for long periods • Patients whose work commitments dictate specific times of the year when they are available
3	In this instance the referral will be closed and the RTT clock will stop, using a RTT status of 34 – decision not to treat.

Part B: Admitted pathways

No.	Description of Procedural Steps
1	Ideally patients will be fit, ready and available before being added to the admitted waiting list. This is the case where patients attend pre-operative assessment on the same day as the decision to treat. However, will be added to the admitted waiting list without delay following a decision to admit, regardless of whether they have undergone pre-operative assessment (see section 23.0 Pre-operative assessment).
2	If, at the time of pre-operative assessment the patient is found to be 'unfit' to proceed to surgery the patients records should be reviewed by the consultant and if clinically appropriate removed from the inpatient waiting list in order for the patient to be declared fit and ready to proceed. In this instance the patient can be placed on watch and wait. Examples include: <ul style="list-style-type: none"> • Where a serious heart condition (or other co-morbidity) is detected/ unstable and the patients needs to be seen by the consultant in that specialty. • Where a patient is listed for another procedure that should take priority. The patient would not be fit to proceed for a second procedure until a clinically appropriate time has elapsed. This time would be a clinical decision. <p>It would be inappropriate to place a patient on a watch and wait for a minor illness, such as a cough & cold or D&V, where it would be expected that the patient would be fit and ready in a short space of time.</p>

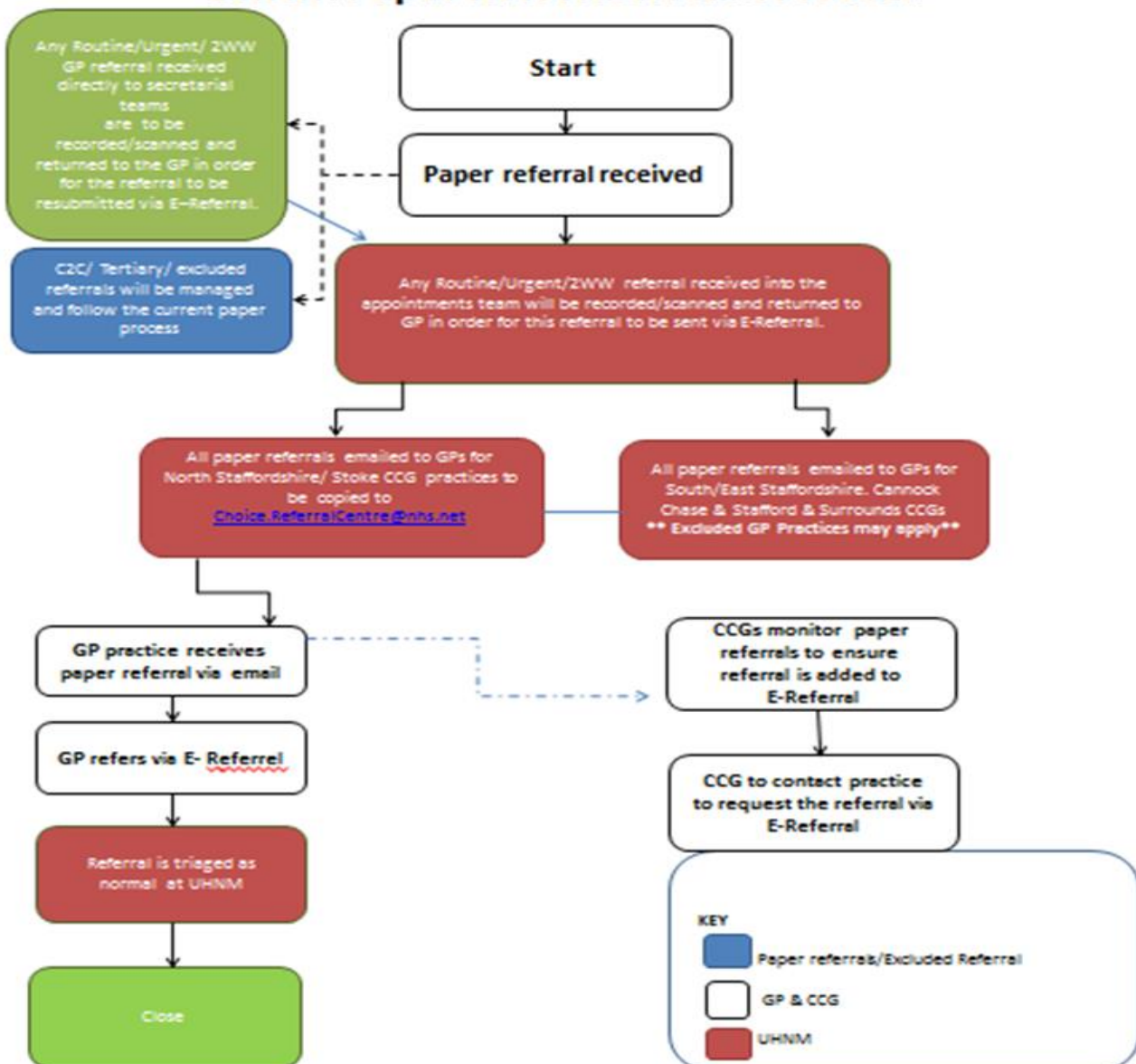
No. 4 Returning/Rejecting inappropriate referrals & paper referrals

Date of Issue & Version Number:

The purpose of this SOP is to describe the process for operational staff in returning referrals that are:

- Paper
- inappropriate

UHNM Paper Referral Return Process



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No. 5 Diagnostics

To be updated

FOI ref 645-1920

Standard Operating Procedure (SOP)

No. 6 Referral takeovers

To be updated

FOI ref 645-1920

Standard Operating Procedure (SOP)

No. 7 Partial Booking

To be updated.

FOI ref 645-1920

Standard Operating Procedure (SOP)

No. 8 Clinic changes - permanent and temporary

To be updated

FOI ref 645-1920

Standard Operating Procedure (SOP)

No. 9 Clinic changes - definitions of nurse led, consultant led

To be updated

FOI ref 645-1920

Standard Operating Procedure (SOP)

No. 10 Managing Patient cancellations and Patient DNA's

To be updated.

FOI ref 645-1920

No. 11 Reasonable notice

To be updated.

The purpose of this SOP is to clarify what is meant by reasonable notice.

Reasonableness involves both:

- The time we give patients (notice period), in order that the patient can make any necessary arrangements to be able to attend. This could involve transport/ care arrangements

And

- For diagnostics only, the number of appointment offers – a choice of dates

The definition of reasonableness is taken from [NHS Data Dictionary](#)

A Reasonable Offer is an appointment offer or offer of admission.

An offer is reasonable where:

- the offer of an Out-Patient Appointment or an offer of admission is for a time and date **three or more weeks** from the time that the offer was made.

Or

- the **PATIENT** accepts the offer (This needs to be clearly recorded)

Or

- the offer is for any APPOINTMENT for treatment in a Cancer Treatment Period

For diagnostic tests

A reasonable offer is an offer for an appointment or admission date (inpatient and day case), of a time and date that gives the patient a minimum of:

- 2 offers and 2 weeks' notice for diagnostics - routine
- 2 offers and 1 weeks' notice for diagnostics - urgent BUT only where the offer was made by telephone

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Part A: Non-admitted pathways

No.	Description of Procedural Steps
1	Where patients are sent a written appointment this is classed as the first offer – and to meet reasonableness
2	
3	
4	
5	
6	
7	
8	

Part B: xx

No.	Description of Procedural Steps
1	
2	

Appendix 1 - Flowchart

Standard Operating Procedure (SOP)

No. 12 Recording clinic outcomes

To be updated.

FOI ref 645-1920

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No. 13 Pre-operative assessment

To be updated.

FOI ref 645-1920

Standard Operating Procedure (SOP)

No. 14 Patients unfit for Surgery

To be updated.

FOI ref 645-1920

Standard Operating Procedure (SOP)

No. 15 Thinking time

To be updated.

FOI ref 645-1920