Policy Document

Reference: G05

University Hospitals of North Midlands NHS Trust

Patient Access

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Policy Author:	**Head of Elective Access**
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: • 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 CareFlow PAS system.
11	August 2019	The policy has been reviewed and key updates include: • All pathways o clarity around patient choice; managing DNA's and patient cancelled appointments o To update on reasonableness and offers of appointments and TCIs offered to patients o Clarity on patients being 'ready, fit and available' o Operational management of pathways with links to standard operating procedures • Locally agreed rules o Corneal grafts o RTT 'criteria for patient 'thinking time' • To identify more clearly, roles and responsibilities • Updated with Standard Operating procedures – No 1; No 3; No 4; No 11
12	January 2020	Updated with Standard Operating procedures – No 2; No 5
13	July 2021	Covid-19 – changes to cancer rules, P22, P29, P30 28 Day faster diagnosis standard (cancer) – P12 Covid-19 – P6; P19; P38 Covid -19 - Clinical stratification, P42
14	July 2024	The policy has had a full review and following changes made: • Clarification of wording • Addition of national "patient choice active monitoring" guidance • Change of definition of reasomable notice to align with national guidance

		• Removal of P5/P6 guidance as no longer in use • Removed corneal grafts "locally agreed policy" to reflect national rules. • Added guidance on booking Non-RTT follow-up appointments by review date • Added further clarification Armed Forces Community prioritisation

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

Since the original publication of the Patient Access Policy times have changed. Patients and hospital providers now face different risks and circumstances may continue to change. In times of major incidents (such as with the Covid pandemic) organisations may have to respond to patients who are waiting to be seen and/ or treated whilst at the same time maintain the spirit of the policy ensuring patients safety and best clinical interests. This Patient Access Policy version 14 takes account of arrangements that need to be in place to manage unusual situations and these may be permanent or temporary.

The policy reflects the expectations of the Trust and Commissioners on the management of referrals and admissions into the organisation. NHS Outcomes framework, February 2021 – 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 Completed Referral to Treatment pathway i.e. waiting time clock has stopped, but the Trust still retains clinical responsibility for their follow up care for this condition
- Patients on a Non-RTT pathway

- Patients on a cancer pathway (C58 - Trust Policy for Management of Cancer Operational Standards, Feb, 2018)
- 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 (in RTT)	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 the 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. They 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 they take 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, who will continue the patients care for the same condition. Where a new condition is identified which hasn't been treated previously this will start a new RTT pathway.
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, and the results are returned to the GP to determine next step. Note – No clock start/no active RTT pathway 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 clinical judgement, in consultation with others (as appropriate) including the patient. It is important to note that interim treatments/symptomatic relief given due to extended waiting times **do not** count as a definitive treatment. 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, with no intention for further intervention at this point.
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. If a patient becomes unwell following decision to admit, the RTT clock continues to tick while it is determined whether or not the patient is medically fit. 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 patient that they need to be available for appointments/admission dates offered with reasonable notice (please see below for definition of reasonable).
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	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 an "incomplete" pathway. 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 or placed on active monitoring/watch and wait) and so the patient is on an "incomplete" pathway. Month End Incomplete Pathways: 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.
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/ (IPT) & 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, including Independent Sector Providers, as the patient's waiting time carries on from the referring provider to the receiving trust i.e. the clock does not reset..
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 all treatment offered, or a clinical decision is made not to treat, and communicated to the patient.
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 *definitive* 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 when demand exceeds the hospital's capacity. Patients are seen and/or treated by a different organisation to UHNM, but UHNM hold clinical responsibility for the patient, and thus report their waiting time.
PAS (IT System)	Patient Administration UHNM uses the system CAREFLOW. The CAREFLOW 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. When patients exceed their planned procedure date due to lack of capacity, the patients should be transferred to an Incomplete Pathway. Planned procedures are never to be used for delays due to social reasons or patient unavailability.
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)	'Reasonableness' is a term applicable to all stages of the elective pathway. Reasonableness refers to specific criteria which should be adhered to when offering routine appointments and admission dates to patients to demonstrate that they have been given sufficient notice anda choice of dates. A reasonable offer is defined as a choice of two dates with at least three weeks' notice. • For 2ww - 'reasonable' offer is defined as a choice of 2 separate dates within two weeks

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. These referrals **do** start an 18 week RTT clock, as it is a member of a consultant-led service who will decide whether to treat or discharge.
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 stops once the patient has started definitive treatment within that therapy/healthcare science service. Where this service is not delivered by UHNM, this would be considered an IPT
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 University Hospital and County Hospital, Stafford.
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'.

4 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.
28 Day faster diagnosis standard (cancer)	The Faster Diagnosis Standard is: A maximum 28 day wait from referral to the date on which the patient is told whether cancer is diagnosed or ruled out.
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: • 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: • private services (paid for by patient or their insurance); • healthcare services outside England and Wales; • 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. This could also relate to the independent sector as part of outsourcing when capacity is insufficient.
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 separate dates within the 2 weeks.
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: • 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.

5 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.

Integrated Care Boards:

- 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
- 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

6 GOVERNANCE

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

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

7 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.

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

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

8 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. Records of staff training will be held by the RTT Training and Improvement Manager / Head of Elective Access / Head of Cancer Services.

9 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 for:

- 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: 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, they 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%

	Maximum 31 day wait for subsequent treatment where the treatment is a course of radiotherapy	94%
Cancer Wait 62 Day	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 [Referral to treatment consultant-led waiting times: rules suite (October 2022) - GOV.UK (www.gov.uk)]

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 waiting time period commences
- clock stop – when a RTT waiting time 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 in an RTT period. It is possible that patients can have a 1st 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 (except when the referral is a continuation of an existing pathway)
- 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:
  - Decision to treat after a watch and wait period
  - After first 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
- A patient waiting for a planned procedure has reached their planned admission date, and has not been given a TCI within 6 weeks of that date.

For E-referrals the clock starts on the date the patient books their appointment and their unique booking reference number is converted, or when a patient attempts to book an appointment but is unable to do so, therefore moving onto the Appointment Slot Issue (ASI) list.
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 all treatment having being offered it. This does not apply if a patient declines one treatment option in favour of another.
- 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 **does not** include 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 where treatment is potentially required, as opposed to check follow-up)
- 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 an 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. If a patient being seen by one of these services needs consultant input, a referral to a consultant team will start an 18 week period.
- 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.

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. This applies to face to face and non-face to face consultations.

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 will ensure that the Clinician (either doctor, nurse or AHP) reviews the file in clinic and completes a Clinical outcome form, either paper or electronic, with the appropriate clinical decision.

Discharging patients following a first DNA it is a clinician led decision.

For patients who do not answer the telephone or connect to a video appointment link and DNA non-face to face appointments, before deciding to discharge a patient (a decision that is in the best clinical interests of the patient), the clinician should ensure that:

- they call they patients landline and mobile numbers (if they are recorded on CareFlow) at the agreed appointment time recorded on Careflow
- that they have not misdialled the telephone number and do not use the re-dial facility
- that they have access to an external telephone line

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.

For non-face to face patients the clinician will make 2 attempts to contact the patient on their mobile and landlines ***on separate occasions / times THEN*** 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.

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. Temporary ruling from NHSE Patient Choice Active Monitoring Guidance - If a patient declines two REASONABLE offers of appointment, the clinician responsible for their care may decide to place the patient on active monitoring for a maximum of 12 weeks. A new RTT clock will start when the patient is available again.

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:

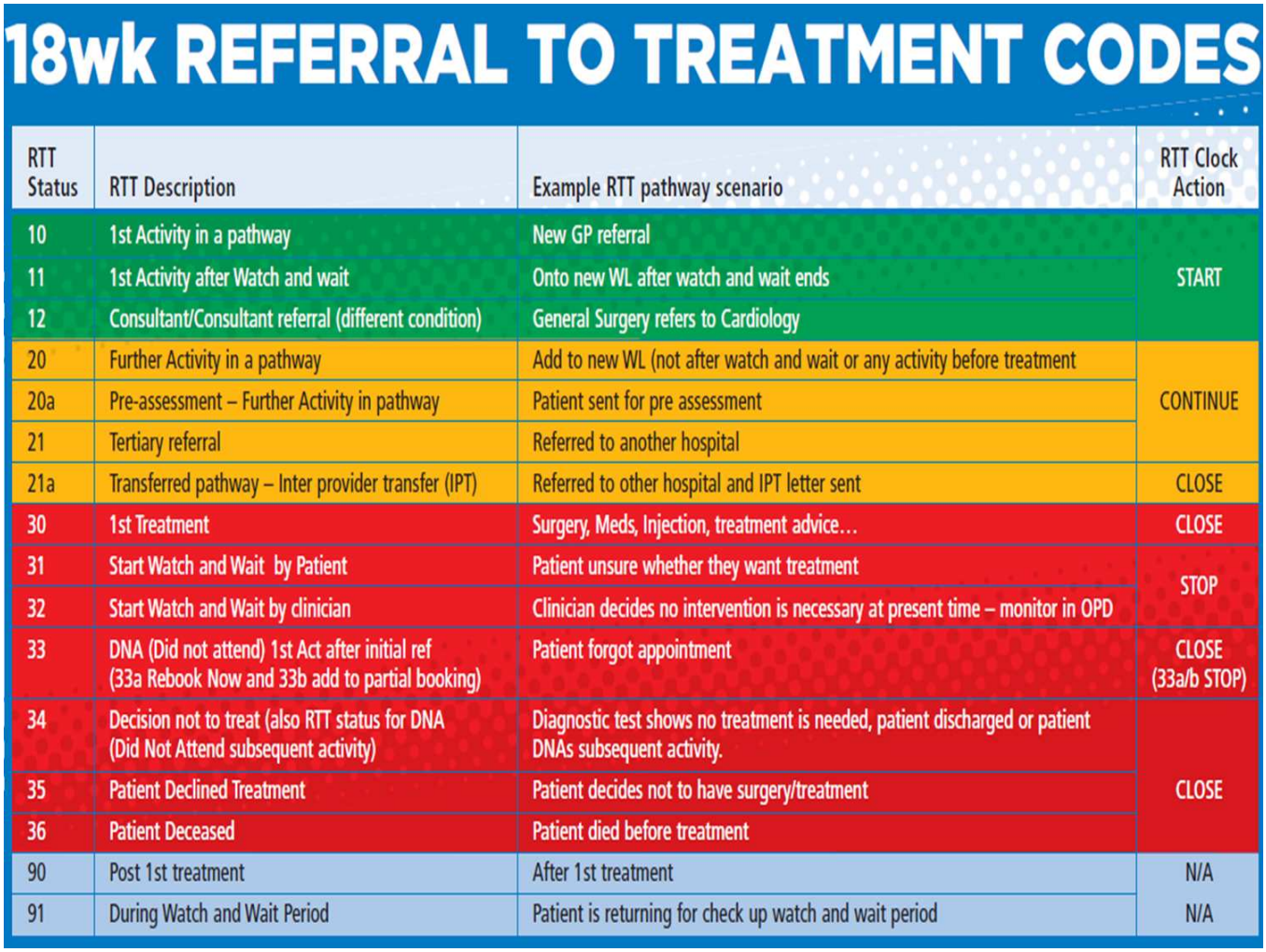
- they have had to wait more than 18 weeks before starting treatment for a physical or mental health condition, if their treatment is **not urgent**
- The patient has to wait more than 2 weeks before seeing a specialist for suspected cancer

The ICB 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



18wk REFERRAL TO TREATMENT CODES

RTT Status	RTT Description	Example RTT pathway scenario	RTT Clock Action
10	1st Activity in a pathway	New GP referral	START
11	1st Activity after Watch and wait	Onto new WL after watch and wait ends	
12	Consultant/Consultant referral (different condition)	General Surgery refers to Cardiology	
20	Further Activity in a pathway	Add to new WL (not after watch and wait or any activity before treatment	CONTINUE
20a	Pre-assessment – Further Activity in pathway	Patient sent for pre assessment	
21	Tertiary referral	Referred to another hospital	
21a	Transferred pathway – Inter provider transfer (IPT)	Referred to other hospital and IPT letter sent	CLOSE
30	1st Treatment	Surgery, Meds, Injection, treatment advice…	CLOSE
31	Start Watch and Wait by Patient	Patient unsure whether they want treatment	STOP
32	Start Watch and Wait by clinician	Clinician decides no intervention is necessary at present time – monitor in OPD	
33	DNA (Did not attend) 1st Act after initial ref (33a Rebook Now and 33b add to partial booking)	Patient forgot appointment	CLOSE (33a/b STOP)
34	Decision not to treat (also RTT status for DNA (Did Not Attend subsequent activity)	Diagnostic test shows no treatment is needed, patient discharged or patient DNAs subsequent activity.	CLOSE
35	Patient Declined Treatment	Patient decides not to have surgery/treatment	
36	Patient Deceased	Patient died before treatment	
90	Post 1st treatment	After 1st treatment	N/A
91	During Watch and Wait Period	Patient is returning for check up watch and wait period	N/A

10.12 Patients who long waiters

When patients reach 40 weeks waiting on an Incomplete pathway, they are to be invited to sign up to NHE England's PIDMAS (Patient Initiated Digital Mutual Aid System) programme. This only applies to patients waiting for their first appointment, or for a therapeutic/treatment admission. Exclusions are patients aged under 18, who have been sent to UHNM on a tertiary referral, or who have an appointment or TCI date booked within the next 8 week. The trigger point for patients to be sent this invitation (currently 40 weeks) will be revised by NHSE as the programme is worked through, and UHNM will follow national guidance on when to invite patients to PIDMAS.

UHNM will also proactively seek alternative capacity for services where demand is greater than UHNM can provide within nationally-set timescales. This will be done with the support of NHS England's Regional MutualAid Hub.

10.13 Patients who choose to delay their treatment – Interim national guidance from October 2022 onwards

To help hospitals to manage patient choice fairly and effectively, the Department of Health and Social Care has confirmed this interim operational guidance which sets out:

- the circumstances when it is appropriate to offer patients the choice to travel elsewhere and how it should be recorded and managed on Referral to Treatment (RTT) waiting list.

- that when patients make a decision to delay their treatment there should be clinical oversight, and the patient fully understands the clinical implications of the delay.
- for a number of patients who wish to continue to delay their treatment it may be appropriate for them to not remain on the waiting list until such time as they are available to have their treatment.

The NHS' RTT rules guidance will be updated to reflect this guidance, which will be kept under constant review.

Patients wishing to delay treatment (currently P6)
In circumstances where a patient wishes to delay their treatment the following approach may be considered:
- Following declining a 1st TCI, the patient should be recorded on the WLMDS as a 'C-code'.
- A 2nd TCI should be offered which is within 6 weeks of the 1st TCI.
- TCIs offered should be reasonable (ie with 3 weeks-notice)
- If a 2nd TCI is declined it may be appropriate, following a clinical conversation and agreement with the patient, to consider placing a patient on hospital initiated active monitoring.
- Where it is appropriate to place a patient on active monitoring, this should be for a maximum **period of** 12 weeks.
- If a patient is placed on active monitoring the RTT clock should be stopped.

Patients placed on active monitoring should be managed through local reporting and local clinical governance arrangements.
- Throughout the agreed active monitoring period the patient should be advised of the process to follow should they wish to go ahead with treatment and be reinstated on the waiting list.
- If a patient wishes to go ahead with treatment, the provider should offer a new TCI date acting as if the patient is on the waiting list at the point which they previously left ie. They should not be returned to the beginning of the waiting list.
TCI date offered must include date, provider and team. It is not appropriate to start a period of active monitoring and stop the clock on the basis of a patient declining earlier treatment at a provider for which the detail has not been confirmed.

The use of active monitoring for the cohorts of patients is entirely optional and subject to the individual clinician agreeing that it is clinically appropriate.
The clinician will judge the suitability for patients being placed on active monitoring based on clinical urgency.
Clinicians may/will/can say 'no' to placing patients on active monitoring. This is a clinically led approach.
We need to ensure that the decisions made to use active monitoring do not drive health inequalities.
The administrative process associated with managing this patient cohort onto and off active monitoring will be critical.

11 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, February 2018

11.1 2 week wait

All patients referred from GP/GDP and Optometrists (where this is locally agreed) 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. However during times of major incidents this my change.

2020/21 – During the Covid pandemic and until further notice a telephone consultation WILL count as a clock stop for the 2ww standard.

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 cancer wait times only and will not affect the RTT pathway (where this was within the patients control). The DNA is only recorded on the Somerset Cancer Register (SCR) and not on the RTT CareFlow system. 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 11.0, 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/OPTOM 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.

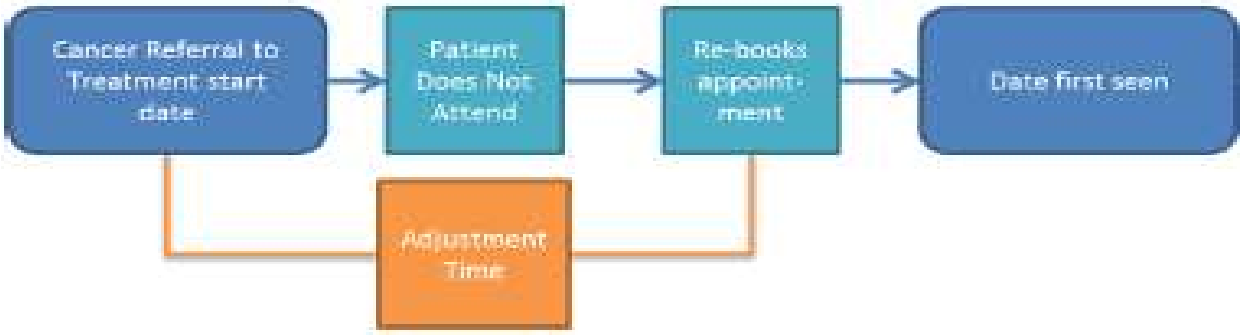
11.4 Patient wait time adjustments are allowed in two places:

- 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 '<u>reasonable</u>' offer of admission for treatment in an admitted care setting.

11.6 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.

11.7 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

11.8 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 Diagnostics – national rules

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), the length of wait in weeks for key diagnostic tests (DM01) 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.

National reporting is against:

- Monthly DM01 – this is measured against 15 tests

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 3 weeks' notice. tTe diagnostic waiting time for that test/procedure can be set to zero from the first date offered if two reasomable offers are declined. 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 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 (for a clinical reason, not a social one).

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 planned 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 - OPERATIONAL MANAGEMENT OF ELECTIVE PATHWAYS

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

In some cases the rules / processes 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 an Independent Provider <u>outside</u> UHNM – self pay
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 <u>inside</u> 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.

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. It may be that responsibility for reporting is transferred or it can remain with UHNM (sub-contracted work). 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.

14.7 Independent Sector – sub contracted patient transfer

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 (IPT). 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.

14.8 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.

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.

14.9 Armed Forces Community

It is the responsibility of the referrer when referring a patient that they know to be a veteran for a condition that in their clinical opinion may be related to their military service, to make this clear in the referral as long as the patient wishes the referral to mention they are a veteran

On grading / triaging referral letters the clinician must prioritise the referral over other patients with the same level of clinical need.

Veterans should not be given priority over other patients with more urgent clinical needs

It is for the clinician to determine whether it is likely that a condition is related to Service.

Family members should retain their relative position on any NHS waiting list, if moved around the UK due to the Service person being posted. To enable this, Inter-provider Transfer details should accompany the referral.

15 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, clinically triaged and then flowarded on to the Outpatients department where appropriate. Referrals should have the referral letter uploaded in iPortal. Referrals must be added to Careflow PAS within 24hrs of receipt.

- 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 receive 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 paper referrals sent through the Trust's mail system must be opened, stamped and uploaded to iPortal and recorded on Careflow PAS 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

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)
- 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 or any person managing the ERS worklist in primary or secondary care. If the consultant thinks the two week referral is inappropriate this must be discussed with the GP or representative and after the discussion, 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 Staffordshire & Stoke-on-Trent Integrated Care Board (ICB). It is the responsibility of the clinicians to vet their referrals and reject any that does not comply with the policy.
- **Where the GP has not attached the referral in eReferral within 5 working days, this request should be rejected.**

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
- Referrals must be registered within 24 hours on CAREFLOW 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
- referrals from one consultant to another within the same specialty for the same condition. This is often when there are pooled clinics and the clinical teams have agreed for some pathways that it is in the patients best interest to see the next available consultant. These are classed as Consultant To consultant internal referrals.

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, where the RTT clock has not been stopped – 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.

All internal referrals for the same condition must be linked to the correct RTT pathway.

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 they have 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

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.

The date of receipt of initial referral or the conversion of the unique booking reference number (UBRN) into a booking should always count as the start of the pathway and be recorded as CANCER REFFERAL TO TREATMENT PERIOD START DATE. This includes scenarios where additional information is requested from the referrer and where a patient is unavailable for a period of time.

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. In this instance the CareFlow functionality to use is 'referral takeover'.
The first appointment booked with the new Consultant must be booked into a NEW slot.

15.8 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. Where patients are not on an Incomplete RTT pathway, they will be selected using either their Outpatient Referral Review Date, their Planned Admission Date, or their Inpatient Decision to Admit Date where Planned Admission Date is not appropriate.

16 Booking types

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

Direct Booking (eRS)

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.

Full 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, 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.

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 (Audit Base), Allied Health Professional Services, Dental (Vantage System), Ophthalmology (eERS) and other services provided by the Trust operate individual booking protocols in line with nationally and/or locally agreed access targets.

17 Reasonable Offer

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.

If two reasonable offers are 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 Know Best (patient portal)

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

Booking a future new 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 CareFlow 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 via telephon and/or digitally.

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, CareFlow.

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 CareFlow in the comments fields where there has been a change in appointment details.

18 Arranging Diagnostic Appointments

For diagnostic appointments a 'reasonable offer' is considered to be a date with three weeks' notice 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 Partial booking, a 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.

18.1 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 CAREFLOW 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.

19 Clinic templates

19.1 Template Changes

Templates on the CareFlow 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.

19.2 Temporary clinic changes

All requests for temporary clinic changes will only be accepted in writing on the agreed pro-forma with the appropriate 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.

19.3 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.

19.4 New clinics Set-up (including Treatment Initiatives)

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 TIs only a minimum of 7 working days is required to implement the change.

20 Alteration or Cancellation of a booked appointment

20.1 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).

20.2 Patient Cancellation of 1st outpatient appointment

As stated above – patients referred using E-Referral will have been given choice of appointments (fulfilling reasonableness).

20.3 Patient Cancellation of two subsequent outpatient appointments with the intention rescheduling

If a patient is on an OPWL and they have cancelled two appointments 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 wasn't 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 CAREFLOW.

20.4 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 CAREFLOW. 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.

20.5 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.

20.6 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.

20.7 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.

20.7 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.

21 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 is to ensure that the Clinician reviews the file in clinic and completes a Clinic outcome form with the appropriate clinical decision.

Discharging patients following a first DNA is a clinically-led decision. Every effort will be made to contact the patient to ascertain the reason (for example telephone calls at different times of the day; a written letter after confirmation of the patients demographics; in the case of children contacting the Health Visitor) and if it becomes evident that the patient no longer wishes to engage in hospital care they will be discharged back to the GP (refer to section 23.13). 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.

21.1 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.

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.

21.2 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. 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 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.

21.3 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.

21.4 DNA or Cancellation of Diagnostic Appointments

Management of patients who DNA and/or cancel 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 three weeks' notice, then the diagnostic waiting time for that test/procedure can be set to zero from the first date offered.

22 Adults at risk

It is essential that patients who are at risk, 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

22.1 Groups who are particularly vulnerable to COVID-19 (including those aged over 70 and those in other vulnerable groups) may be asked to stay at home/ isolate during a pandemic.

We expect that some patients in these groups will still be advised to come in for appointments/treatment as their condition is urgent and/or sites are available for them to come in safely.

Where patients are advised **not** to come in, it will be appropriate in most circumstances to consider them 'temporarily unfit' for treatment and the RTT clock will therefore continue to tick. This will ensure that they remain on an active RTT waiting list and their waiting times are visible; they can then be prioritised accordingly as the situation changes. It is recognised that this may result in longer than expected waiting times for some patients. In accordance with the clinical guide to surgical prioritisation during covid pandemic The Federation of Specialty Surgical Associations (FSSA, revised October 2019, **These patients should be categorised as administrative category P5**.

22.2 Patients who decline dates because they are fearful about coming into a hospital setting

The usual rules on patient choice will apply and the clock should continue to tick. Section 7.1.1 of the guidance on 'duration of patient-initiated delays' may become relevant if patients could come to harm by repeatedly cancelling or failing to attend appointments: www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf

Patients can choose to postpone or amend their appointment or treatment if they wish, regardless of the resulting waiting time. Such cancellations or delays have no impact on reported RTT waiting times. However, clinicians will be informed of patient-initiated delays to ensure that no harm is likely to result from the patient waiting longer for diagnosis or treatment (clinicians may indicate in advance, for each specialty or pathway, how long it is clinically safe for patients to delay their treatment before their case should be reviewed).

The general principle of acting in the patient's best clinical interest at all times is paramount. It is generally not in a patient's best interest to be left on a waiting list for an extended period, and so where long delays (i.e. of many months) are requested by patients a clinical review should be carried out, and preferably the treating clinician should speak with the patient to discuss and agree the best course of action. Patients should not be discharged to their GP, or otherwise removed from the waiting list, unless it is for clinical reasons.

22.3 Patients who decline dates because of social and economic circumstances

The usual rules on patient choice will apply and the clock should continue to tick. Section 7.1.1 of the guidance on 'duration of patient-initiated delays' may become relevant if patients could come to harm by repeatedly cancelling or failing to attend appointments: https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2021/05/Recording-and-Reporting-guidance-April_2021.pdf

23 Clinic Outcomes

23.1 Use of the Trust clinical outcome form in paper format or the Virtual Outcome form on iPortal

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 CAREFLOW. This must be the recorded decision of the clinician. Ideally, this must be recorded on the Trust CAREFLOW system real time or within 48 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 with consultant agreement).
- 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.

It is the expectation that all outpatient clinics are outcomed by the clinician taking the appointment using the electronic outcome form. Training & guidance around this form can be found on the Intranet here: qrg-outcome-form-20230317-clinical-coding.pdf

23.2 Clinic outcomes – clinical decisions made outside of a clinic appointment

There may be instances where a clinician, in agreement with the patient, offers to review test results outside of clinic 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 CareFlow appropriately when the test results have been reviewed. (Standard Operating Procedure 2 – Updating of CareFlow with clinical decisions made outside of the clinic appointment).

23.3 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.

24 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

SECTION 4 - Management of Elective Admissions to Hospital - General Principles for Inpatient & Day Case Waiting lists

25 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.**

26 Adding Patients to an Inpatient Waiting List

The decision to add a patient to the waiting list (for inpatient or day case procedures 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 are to update CareFlow 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.

26.1 Clinical Stratification

Where the trust has a backlog of patients who have waited longer than 18 weeks for treatment, the elective management of patients necessitates the need for clinical review of key cohorts of patients. The findings from these clinical reviews should inform decisions for individual pathways and grouped cohorts as part of the elective governance arrangements.

26.2 Groups who are particularly vulnerable to COVID-19 (including those aged over 70 and those in other vulnerable groups) and are asked to stay at home for 12 weeks?

We expect that some patients in these groups will still be advised to come in for appointments/treatment as their condition is urgent and/or sites are available for them to come in safely.
Where patients are advised **not** to come in, it will be appropriate in most circumstances to consider them 'temporarily unfit' for treatment and the RTT clock will therefore continue to tick. This will ensure that they remain on an active RTT waiting list and their waiting times are visible; they can then be prioritised accordingly as the situation changes. It is recognised that this may result in longer than expected waiting times for some patients.

26.3 Patients who decline dates because they are fearful about coming into a hospital setting?

The usual rules on patient choice will apply and the clock should continue to tick. Section 7.1.1 of the guidance on 'duration of patient-initiated delays' may become relevant if patients could come to harm by repeatedly cancelling or failing to attend appointments: www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf
Patients can choose to postpone or amend their appointment or treatment if they wish, regardless of the resulting waiting time. Such cancellations or delays have no impact on reported RTT waiting times. However, clinicians will be informed of patient-initiated delays to ensure that no harm is likely to result from the patient waiting longer for diagnosis or treatment (clinicians may indicate in advance, for each specialty or pathway, how long it is clinically safe for patients to delay their treatment before their case should be reviewed).
The general principle of acting in the patient's best clinical interest at all times is paramount. It is generally not in a patient's best interest to be left on a waiting list for an extended period, and so where long delays (i.e. of many months) are requested by patients a clinical review should be carried out, and preferably the treating clinician should speak with the patient to discuss and agree the best course of action. Patients should not be discharged to their GP, or otherwise removed from the waiting list, unless it is for clinical reasons.

26.4 Patients who decline dates because of social and economic circumstances?

The usual rules on patient choice will apply and the clock should continue to tick. Section 7.1.1 of the guidance on 'duration of patient-initiated delays' may become relevant if patients could come to harm by repeatedly cancelling or failing to attend appointments: www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf

26.5 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 Careflow PAS 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.

26.6 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.

26.7 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.

26.8 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 RTT 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.

26.9 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.
- For matched transplants, the clock stops when the patient is added to the transplant waiting list. 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).

26.10 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.

26.11 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.

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.

26.12 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.

26.13 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.

26.14 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.

26.15 Verbal offers

If a patient cannot commit to reasonably offered dates that fall 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.

26.16 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.

27 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 or on the Spine.

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

- Letter(s) have been sent and no response received
- 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

28 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 then the RTT clock is stopped.

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

- Cancer and suspected cancer patients
- Adults at risk
- 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)

29 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 are to stop the RTT Clock and make the clinician aware. It is then up to the Clinician to decide if it's in the patient's best clinical interests to be discharged back to the GP.

30 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.

31 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.

32 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, or has been placed on active monitoring/watch and wait and now requires treatment, then this will start a new RTT pathway clock at the date the decision was made for the new treatment

33 REFERENCES

RTT Rules and guidance
https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2021/05/Recording-and-Reporting-guidance-April_2021.pdf

Cancer Wait times rules
https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times

Diagnostic rules suite

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

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

The Armed Forces Covenant
https://www.gov.uk/government/publications/the-armed-forces-covenant

33.1 Services and Clinics excluded from E-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

34 STANDARD OPERATING PROCEDURES

Standard Operating Procedure (SOP)

University Hospitals of North Midlands NHS Trust

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: • 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: • 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 GP. However, the GP should be informed of the switch of care.

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

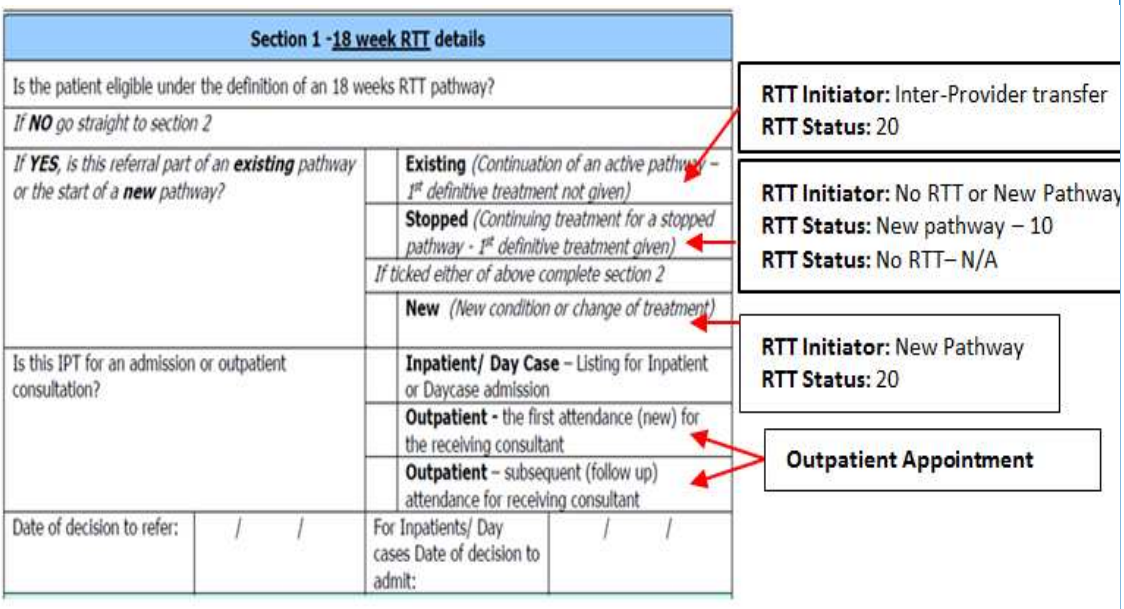
No.	Description of Procedural Steps
1	Patients can decide to continue care within the NHS after having part of their care in the private sector. Usually, but not always, this is when a decision to treat has been agreed (for example an operation).
2	For patients that are seen privately but then transfer 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

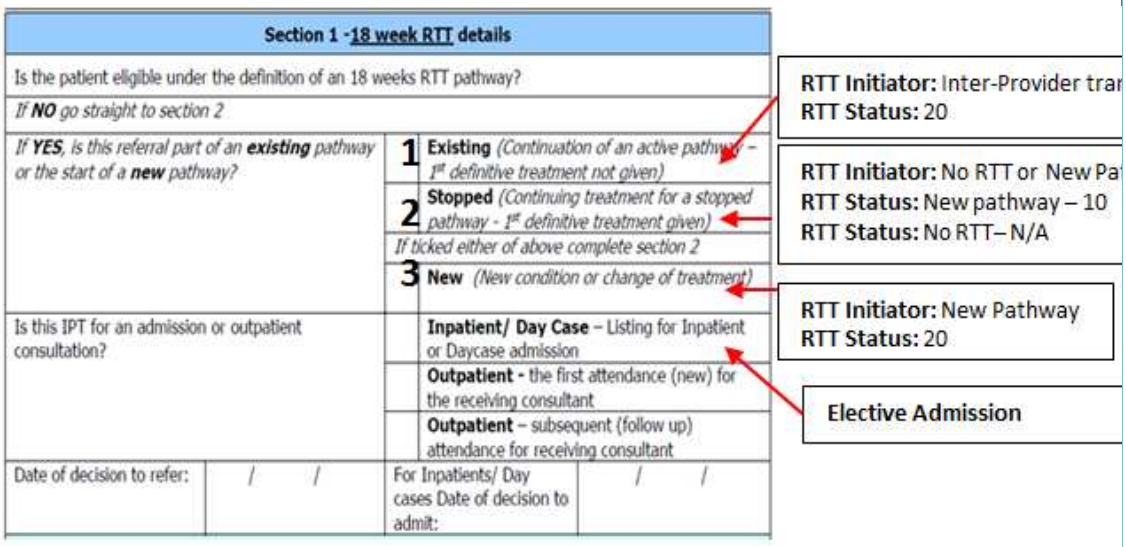
No. 2 Inter Provider Transfers (IPT)

Adding or sending an IPT from or to an external Trust for either, an outpatient appointment or an elective admission.

Part A: Adding an IPT

No.	Description of Procedural Steps
1	Before adding an IPT the user must receive the following details from an external Trust • Name and demographic details • NHS Number • Additional details to show treatment required • If the patient is currently on a RTT pathway and if so, additional information is required; ▪ Pathway created/start date (the date the original Trust received the referral) ▪ Current RTT Status
2	If the required information as not been provided; • Telephone the external Trust to obtain the information • If not available create a new pathway on CareFlow which will auto generate a PPID • Use the `date received` as the clock start date • Continue to chase the external Trust for the necessary information and update the pathway with the correct details when available
3	**Adding the patient as an outpatient - the patient requires an outpatient appointment** • Add patient referral as follows; - **Referral Type, letter Type, Admin category Assessment**: As required - **Referral Reason:** Advice/Consultation - **Referral Source:** Consultant - external other provider - **Referral Date:** The date the decision to refer – this will be the date on the referral letter - **Received Date:** The date stamped on the referral – the date the Trust received the letter - **Referred By:** The referring organisation – this will be on the IPT form - **Referred to clinician and speciality:** As required - **Referral Note:** IPT along with your username - **RTT initiator & Status:** Please refer to the below diagram – For New or Existing pathways please complete step 4. It is IMPORTANT that the Trust captures whether or not the patient is: o On an existing RTT ticking clock o Requires a new RTT clock to start o NON RTT pathway - **Pathways ID:** As written on the IPT form – copy exactly - **Pathway Created Date:** o **Existing Pathways –** 18 weeks clock start date (from the form)

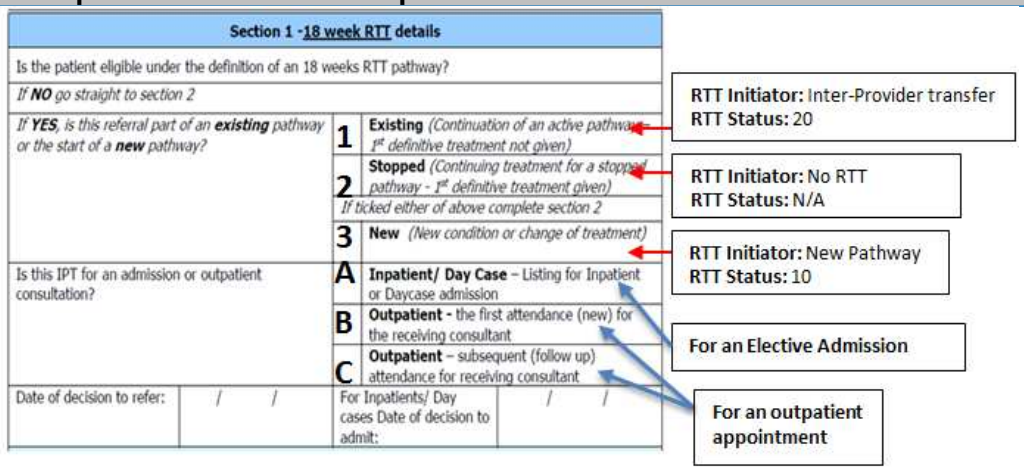
No.	Description of Procedural Steps
	
4	This step is only required for New and Existing pathways • Add a non CDS action within maintain patient pathways - **RTT Status:** 10 - **Effective Date:** 18 week clock start date or date of the decision to refer if the 18 week clock start was not provided - **Comment:** Add IPT along with your username
5	**Adding the patient as an elective – the patient is to be listed for an elective procedure** - Add waiting list as follows; - **Waiting List**: As appropriate - **Referred to clinician and speciality:** As required - **1st Listed Provider:** The date the pt is being added to the waiting list - **Decision to admit by:** Referred from another organisation - **Urgency:** As described in the clinical information - **Management Intention:** As detailed in the clinical information - **Admission Method:** As stated - **RTT Initiator:** This will depend on what admission method is used; - **RTT initiator:** Please refer to the below diagram (if New or Existing complete step 6) o **Elective Booked (12) - Inter-provider transfer** o **Elective Waiting list (11) - Inter-provider transfer** o **Elective Planned (13) - is No RTT** - **Pathways ID:** As described on the IPT form - **Pathway Start:** 18 week clock start - **RTT Status:** Please see below diagram as a reference guide - **Referral Note:** IPT along with your username

No.	Description of Procedural Steps
	
6	This step is only required for new and Existing pathways • Add a non CDS action within maintain patient pathways - **RTT Status:** 10 - **Effective Date:** 18 week clock start date or date of the decision to refer if 18 week clock start wasn't provided - **Comment:** Add IPT along with your username

Part B: Sending an IPT

No.	Description of Procedural Steps
1	Upon dictation of the clinic letter, complete the Inter Provider Transfer process on CareFlow from Maintain Patient Pathway
2	Right click on the RTT pathway you want to transfer and select **Transfer Pathway**
3	Complete the **Transfer RTT** as follows; - **Transfer Status:** 21A - **Transferring Destination:** Search for referring Trust - **Transfer Date:** Decision to refer date - A pop up box will be displayed `Do you want to edit or print the transfer document` , please **Yes** - The letter screen will now populate please click on the **schedule** icon
4	The Interprovider transfer form will now populate in a word document, please complete using the below tables as a reference guide to complete steps 1, 2 and 3 and A, B or C.

No.	Description of Procedural Steps



UHNM Current RTT Status	IPT Form
20, Existing Pathway	1: **Existing** (Continuation of an active pathway – 1st definitive treatment not given)
30 or 90, Care Continues	2: **Stopped** (Continuing treatment for a stopped pathway - 1st definitive treatment given)
30 or 90, New decision to treat	3: **New** (New condition or change of treatment)

5

To save and print the IPT form

- Click the close icon on the word document
- The generate communications screen will appear, please update as required.
- Click **submit now**

The IPT form will now save in CareFlow under all letters and go to your print queue. Please print and send to the external provider along with the referral

6

If the patent will not be returning to UHNM

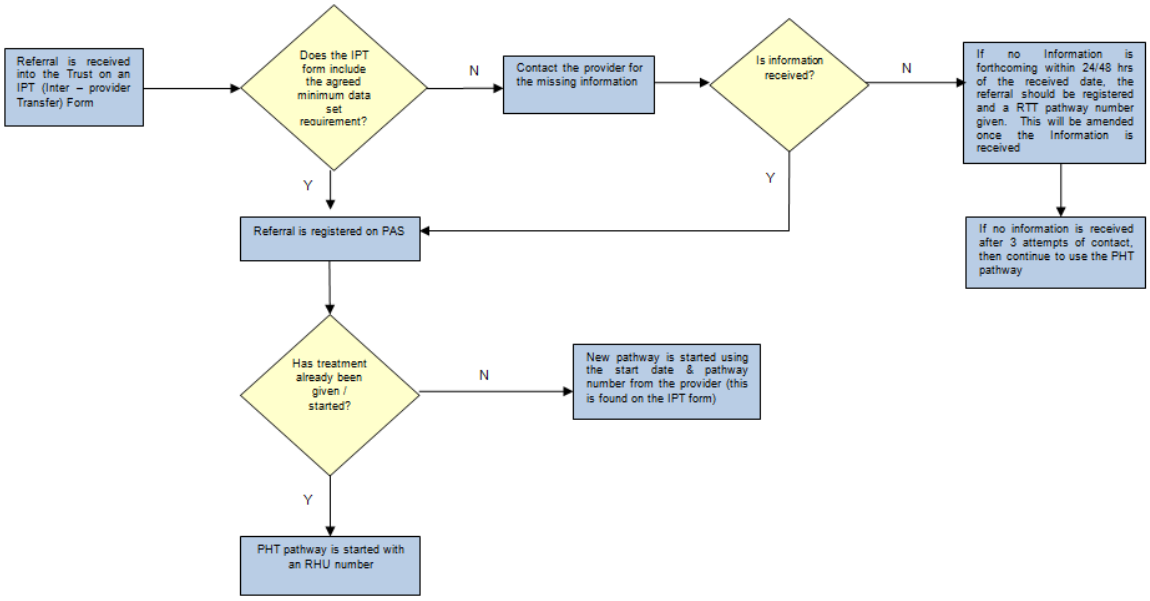
Close any patient referrals linked to the pathway **– *Good housekeeping is everyone's responsibility***

6

If the patent will be returning to UHNM

Add the patient to the partial book waiting list

Appendix 5 - INTER – PROVIDER TRANSFER (IPT) REFERRAL PROCESS



No. 3 Ready, fit and available

The purpose of this SOP is 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 re-refer when the patient is ready to accept the next available appointment. Examples of this are: • 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, all patients 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: • Where a serious heart condition (or other co-morbidity) is detected/unstable and the patient 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. 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.

Standard Operating Procedure (SOP)

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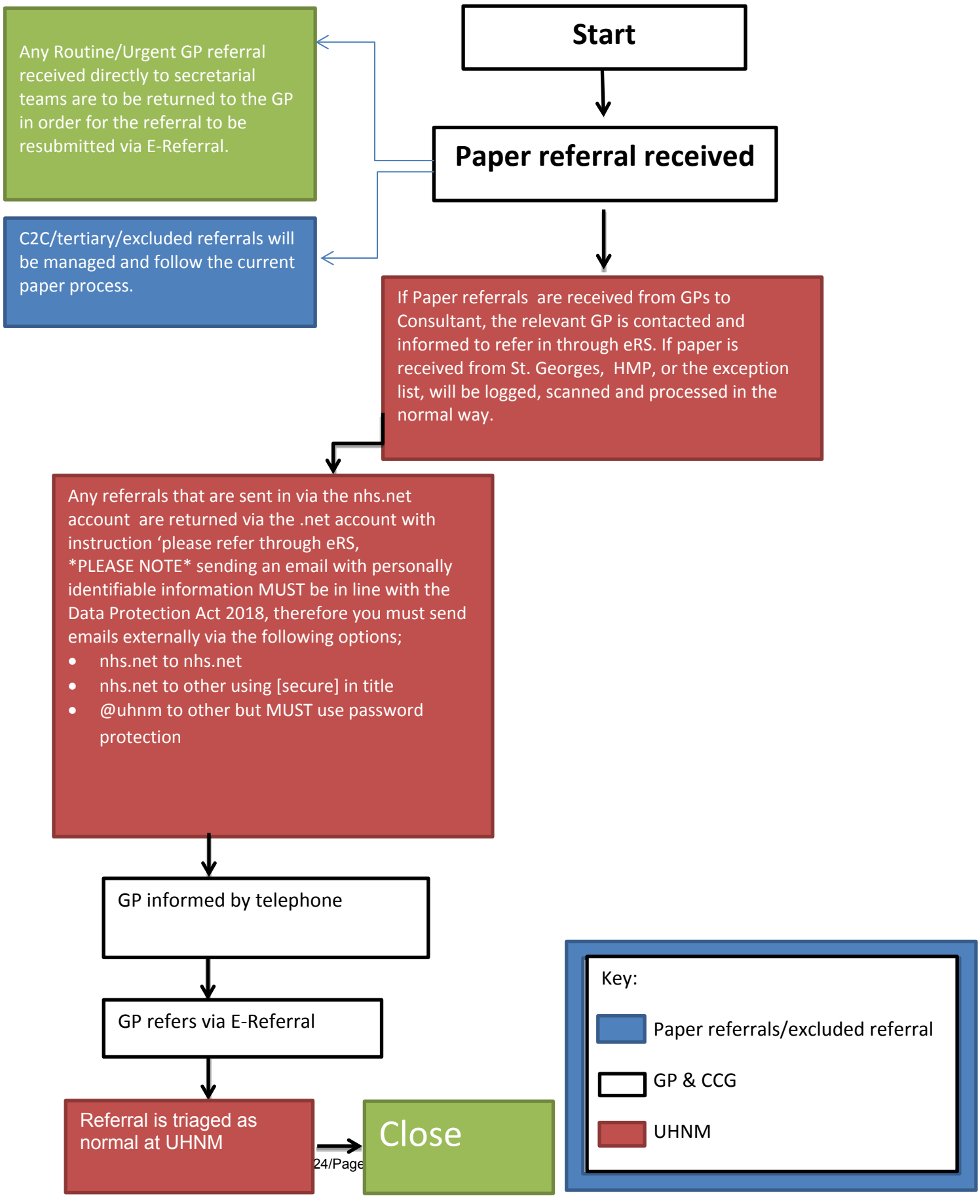
No. 4 UHNM Paper Referral Return Process



No. 5 Diagnostics

The purpose of this SOP To ensure that all patients waiting for a diagnostic test, either as an **inpatient** or as an **outpatient**, and the associated outpatient activity, is captured and reported on the DM01. In addition the diagnostic activity is joined up with any relevant RTT pathways.

Referrals for Diagnostic tests come from:

1. Internal Consultant requests (that may or may not be RTT)
2. GPs – as direct access – non-RTT
3. GPs – where this is a straight to test RTT pathway (RTT)
4. External Consultant requests (that may or may not be RTT)

Diagnostic tests can be:

New
Follow up
PlannedFor the purpose of the DM01 New and Follow up diagnostics are included, Elective Planned (waiting list entry) are excluded. All appointments both as outpatients and as inpatients are included.

LOGGING REFERRALS

No.	Description of Procedural Steps
1	Upon receipt of a diagnostic request the user should determine if: • This is an internal request, that may or may not be linked to a RTT pathway • If this is a GP direct access – in which case this is Non-RTT • If this is a GP request that is part of a Straight To Test (or Triage To Test) – in which case this is a new RTT pathway
2	**For outpatients -** The referral is logged and attached to the appropriate RTT pathway if relevant
3	The field 'date letter received' is completed
4	The field 'date of referral' is completed – this field determines the start of the Diagnostic 6 week pathway
5	**For Inpatients –** the patient is added to the inpatient waiting list and attached to the relevant RTT pathway if appropriate. The diagnostic wait time is calculated from the Decision To Admit date.

MANAGING APPOINTMENTS

No.	Description of Procedural Steps
1	When offering appointments the national guidance, with any local adjustments, must be followed
2	**National Guidance –** 2 separate offers with a minimum of 3 weeks' notice
3	**If the patient is contacted by telephone –** the two offers should be available and documented. So if one appointment is declined this is logged and then cancelled and re-booked with the second offer
4	**If the appointment is sent by letter** then this counts as the first offer

ALTERING APPOINTMENTS

No.	Description of Procedural Steps
1	Patients can alter appointments. In the case of Diagnostics ONLY if a patient alters two offers made **with reasonable notice** then the wait time for that diagnostic test is set to zero from the date of the first reasonable offer.
2	**The Business Intelligence reports will AUTOMATICALLY re-set the wait time to zero at the first reasonable offer that is recorded in CareFlow.**
3	If there is only one reasonable offer recorded in CareFlow then the diagnostic wait time will not be re-set and the wait time continues.
4	Staff do not need to amend waiting list entries or start a new wait time clock start. When all the relevant criteria has been met the waiting lists will reflect any new clock starts automatically.

No. 6 Clinic changes - definitions of nurse led, consultant led

Date of Issue & Version Number:

The purpose of this SOP is to clarify what is meant by:

- **Nurse led**
- **Consultant led**

As defined in the NHS Data definitions

Part A: Consultant led

No.	Description of Procedural Steps
1	Consultant led activity is an activity where a CONSULTANT retains overall clinical responsibility. The CONSULTANT is not necessarily physically present for each patient appointment but nevertheless retains overall clinical responsibility for patient care.
2	The main specialty code of the consultant retaining overall responsibility is recorded using the appropriate specialty code along with their consultant code.

Part B: Nurse led

No.	Description of Procedural Steps
1	A **TRUE** nurse-led clinic is any outpatient clinic session that is run or managed by registered nurses, usually nurse practitioners or Clinical Nurse Specialists in the UK.

No. 7 Managing Patient cancellations and Patient DNA's

The purpose of this SOP is to clarify the correct procedure for and timeliness of actions when patients cancel/ DNA appointments.

Part A: Alteration of appointments

No.	Description of Procedural Steps
1	The national guidance for patient alteration of appointments (RTT and Diagnostics) does not stipulate how many appointments patients can alter before being discharged back to their GP.
2	The national perspective is that each patient should be clinically reviewed as an individual.
	It is appropriate to note that declined and cancelled TCIs do not stop the clock. It is important also that no blanket rules can be applied and only the clinician can make the decision on an individual basis to stop the clock by applying an appropriate clock stop code. The consultants, in reaching a decision on an individual patient basis, should strike a balance between the trust's responsibility for acting in the patient's best clinical interests and the fact that patients have a right to choose to delay.
3	There are however some key principles to follow: • Patients are allowed to alter appointments • Patients who alter their appointment 'on the day' will not be counted as a DNA providing they altered the appointment prior to the appointment time • Patients have the right to two appointments with a minimum of three weeks' notice
4	Once a patient has been offered two appointments with reasonableness and then want to alter a third the consultant responsible should be requested to review the patients clinical pathway and to make a decision as to whether or not it would be in the patients best clinical interest to be discharged back to the GP.
5	It is not appropriate for a patient to have altered several appointments, left on the waiting list and then as a long waiter be validated and discharged back to the GP. Alterations should be managed 'real-time'.

No. 8 Reasonable notice

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

- **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**

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No 9.Transfer of Patients to be Treated in the Independent Sector
Date of Issue & Version Number 1 - April 2022

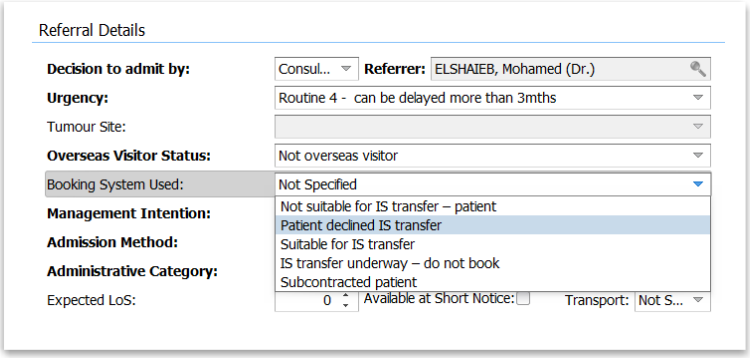
University Hospitals of North Midlands NHS Trust

The purpose of this SOP is to describe the procedural steps for transferring patients waiting for an elective procedure to be treated at an independent sector provider, and how these patients are tracked.

Glossary

Term	Description
ISP – Independent Sector Provider	A privately-run hospital that is commissioned to run NHS services. Patients can be treated at ISPs under the NHS, and can be referred to an ISP either by their GP or by any
TCI	To come in – a date of admission for an elective or daycase procedure
OPA	Outpatient appointment
Careflow PAS	UHNM's patient administration system, where demographic and scheduling/tracking information about each patient is held.
WLE	Waiting List Entry
IPT	Interprovider transfer. The patient is fully transferred to the new provider. This can be an NHS provider or a private provider commissioned to deliver NHS services.
Subcontract/outsource	Patients who are treated at an ISP but remain under the care of UHNM. They remain on our waiting list, and a dummy TCI is admitted & discharged against a dummy ward once they are treated.

Part 1A: Transferring patients/identifying unsuitable/unwilling patients – IPT

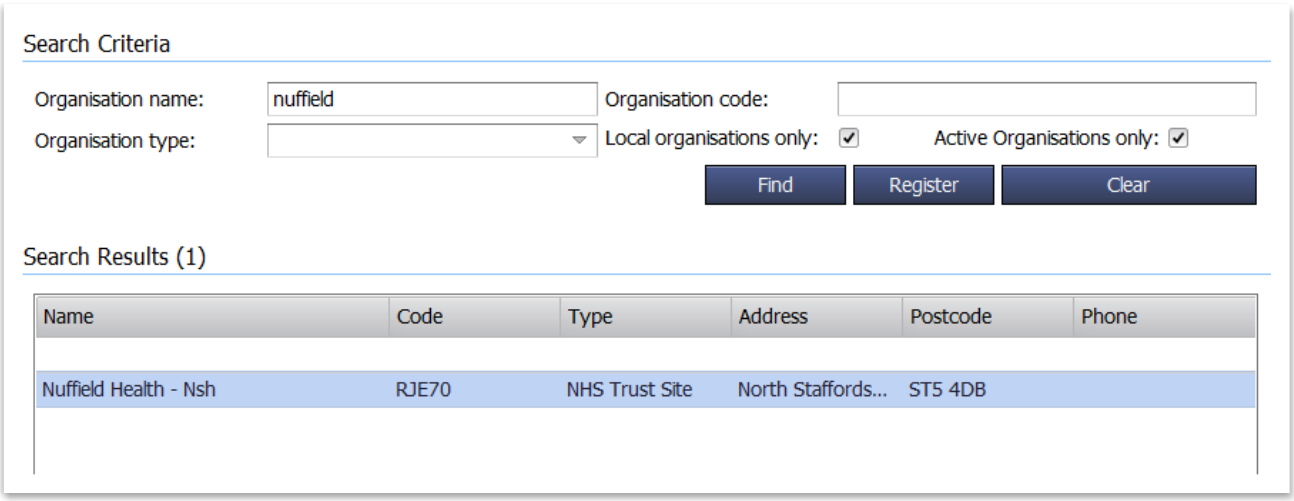
No.	Description of Procedural Steps - IPT
Divisional Staff	
1	Patients can be identified as suitable for transfer a number of different ways. This could be done at decision to admit, or clinical review of waiting list. Once a patient has been clinically identified and sent to the relevant operational manager, they need to be recorded as such on Careflow PAS.
2	Navigate to the "View Entries by Patient" screen on the "Waiting Lists" module on Careflow. Identify the correct waiting list entry (WLE), then right click and select "Edit waiting list"
3	On the right side of the screen, there is a field called "Booking System Used". If you wish to transfer this patient as an IPT, select "Suitable for IS transfer". 

No.	Description of Procedural Steps - IPT
4	For patients who are unsuitable or who decline, please select the appropriate item on the picklist. It is important that every patient on the waiting list has one of these options selected. **Not suitable for IS transfer – patient should only ever be used where the patient themselves is not suitable. DO NOT USE FOR PATIENTS WHOSE PROCEDURE IS NOT CURRENTLY DONE AT AN ISP SITE. THIS INFORMATION CAN BE PICKED UP FROM THE PROCEDURE CODE. IF ENTERED INCORRECTLY IT WILL PREVENT PATIENTS BEING SELECTED FOR TRANSFER IN THE EVENT ISP CAPACITY IS FOUND FOR THAT PROCEDURE.**
Independent Sector Transfer Team	
5	Every week, run the report "IPWL Specialty Weeks Grid" as found here: IPWL Specialty Weeks Grid - Power BI Report Server Click on the large number on the bottom right corner to select all patients. Filter the report to show only patients whose "Booking System Used" is "Suitable for IS transfer". Copy all of these patients and add them to the IPT master tracker found here. Update the "transferred to CCG date" and "transfer destination" columns as appropriate. Update the "status" column on Careflow to show these patients as "IPT underway – do not book".
6	Filter by specialty for each ISP and copy patients selected as a new spreadsheet into the "patients transferred folder" found here. Save one spreadsheet for each ISP. In the column at the end, add the transfer destination e.g. Nuffield. Save the file in the following format: "IPT Patients Transferred to CCG for Nuffield/Rowley/Beacon (delete as appropriate) 202204xx". For example, "IPT Patients Transferred to CCG for Nuffield 20220410".
7	Go through each patient selected and navigate to their WLE on Careflow. Amend the "Booking system used" to "IS transfer underway – do not book".
8	Send each of the spreadsheets of patients identified to the CCG Choice & Referral Hub at choice.referralcentre@nhs.net. In the body of the email, specify the patients are for IPT and which ISP they are intended for.

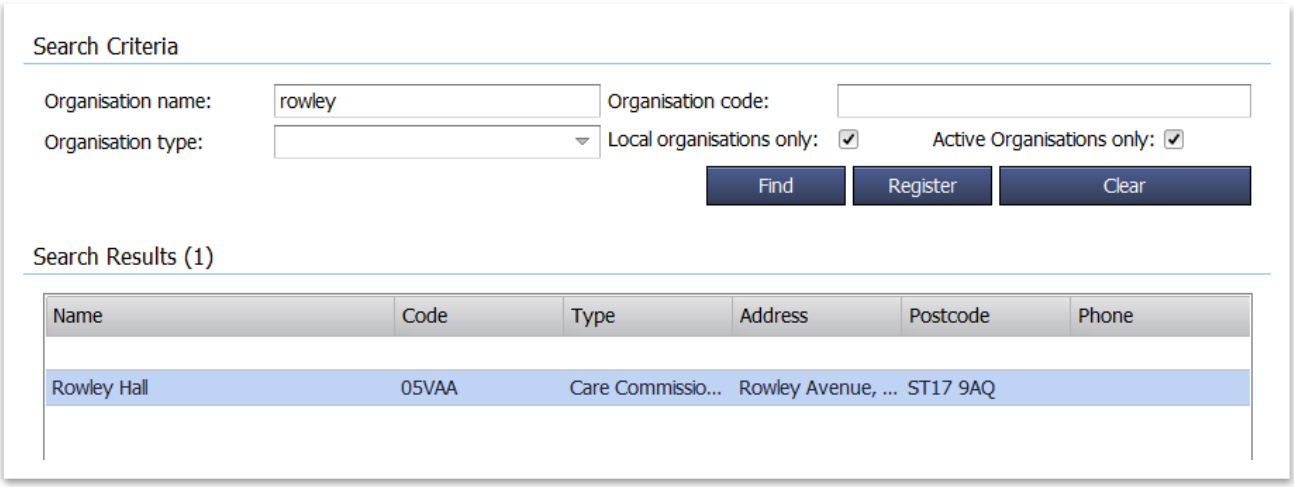
Part 1B: Transferring patients who accept

No.	Description of Procedural Steps
1	On the returned tracker from the CCG, use the filter to select patients who have accepted transfer. Firstly, go into the patient's (WLE). Right click and close the entry. Outcome – "treatment arranged elsewhere" RTT status – 21 Next, go into the Outpatient Referrals and Appointments screen. Identify any outpatient referrals with the same pathway ID and discharge them. Outcome – "discharged" RTT status – 20. Add a discharge note to say they've been IPT to the ISP e.g. "IPT to Nuffield" Finally, go to the RTT Maintain Patient Pathway screen. Find the target pathway, right click and select "transfer pathway". Search for the ISP and complete the transfer.

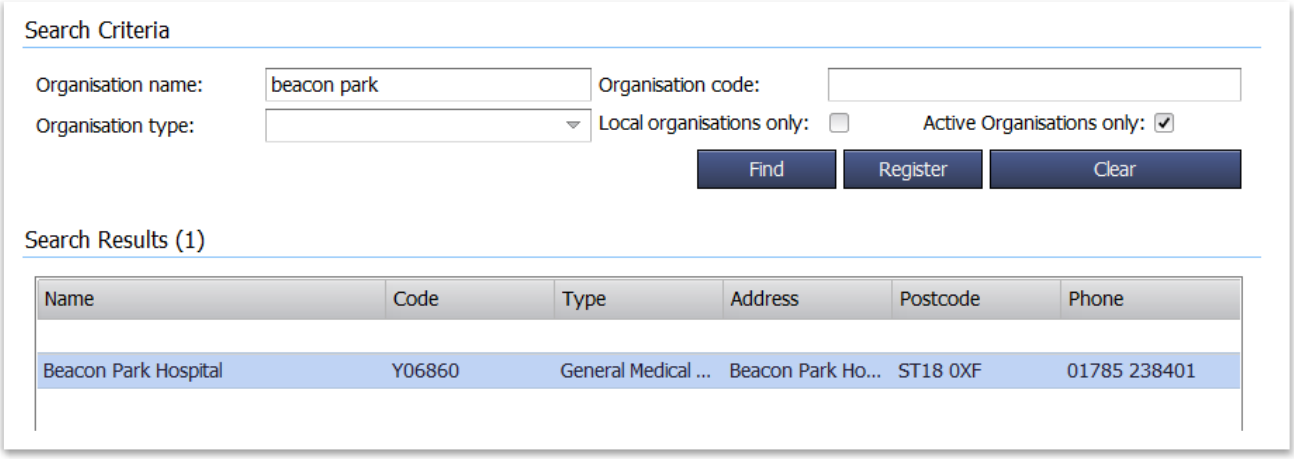
Nuffield:



Rowley Hall:



Beacon Park:



2
3

Part 1C: Transferring patients – Subcontract

This only refers to patients who are sent as a subcontract from 01/04/2022 onwards. Any outstanding subcontracted patients are to be tracked as per the usual processes.

No.	Description of Procedural Steps
1	Patients can be identified as suitable for transfer a number of different ways. This could be done at decision to admit, or clinical review of waiting list. Once a patient has been clinically identified and sent to the relevant operational manager, they need to be recorded as such on Careflow PAS.
2	Navigate to the "View Entries by Patient" screen on the "Waiting Lists" module on Careflow. Identify the correct waiting list entry (WLE), then right click and select "Edit waiting list"
3	On the right side of the screen, there is a field called "Booking System Used". If you wish to transfer this patient as a subcontract, select "Subcontracted patient". In the comments field, specify where the patient is being subcontracted to. A dummy ward should be set up for each ISP that patients are transferred to. **They are still under UHNM's care, so good governance means that we need to record electronically on Careflow where the patient received treatment.**

Part 2A: Tracking patients - IPT

No.	Description of Procedural Steps

Independent Sector Transfer Team

1

Every week, the CCG will send a spreadsheet with all of the patient updates for that week on a spreadsheet tracker. Open the master tracker and update the "status" column to reflect the feedback from the CCG, add the date the feedback was received (date of email receipt, not the date it was actioned) and take the following action on Careflow:

Feedback from CCG (add to status column in tracker)	**Description**	**Careflow action**
Sent to CCG	These patients have been sent to the CCG, but not feedback has been received as of yet.	N/A
Accepted	IPT complete. These patients may be rejected once seen & assessed, but this is rare.	1. Close waiting list entry – WL removal reason: **"treatment arranged elsewhere"** 2. Close any outpatient referrals with the same pathway ID as the waiting list entry. Outcome – **discharged; RTT code: 21a** 3. IPT on Maintain Patient Pathway Screen. **RTT Code – 21a**
Declined	Patient has declined transfer to transfer/wishes to stay with UHNM	Go to WLE and change the "Booking System Used" picklist to say **"patient declined IS transfer".** Add a comment to the WLE with any further detail and date the patient declined transfer.
Rejected	The patient has been seen/assessed by the ISP and rejected as not suitable for treatment. At this point, the patient has already been IPT'd on Careflow and is no longer on the waiting list or the PTL.	Email patient details to DataQualityQueries@uhnm.nhs.uk The patients' pathway and WLE will be reinstated to their correct place on the PTL as if they had never been transferred. Once the DQ team have confirmed the patient has been reinstated to the IST Team, the picklist is to be updated to show patient not suitable.
Awaiting contact	The CCG have made some attempts to contact the patient, but haven't been able to get hold of them yet. Further attempts will be made.	N/A
Unable to contact	The CCG have made several attempts to contact the patient by telephone without success. A letter has been sent asking them to contact the CCG but no response has happened.	Return the patient to the relevant service for a decision on how to proceed as per normal Access Policy rules.
Other (see comments)	Patients are returned for a variety of reasons, but most are because either the patient has stated they wish to wait for a period of time before having their procedure, or they have	If the CCG are unable to contact the patient, or the patient has told the CCG they wish to delay, then Access Policy is to be followed and Careflow updated as per normal processes. If they ISP are unable to contact the patient, they are responsible for following their own

No.	Description of Procedural Steps		
		already had it elsewhere. In all instances, our Access Policy is to be followed. ISPs do not accept watch and waits, so will return any patient wishing to delay to UHNM.	Access Policy. These patients are not to be returned to UHNM as they are no longer our patients. If the patient tells the ISP they wish to delay, they will be returned back to UHNM. These patients should be managed in the same manner as those who decline transfer – update the picklist to say **"patient declined IS transfer".** *These patients are to be recorded differently on the tracker so we can easily identify which patients are wishing to delay, and which do not want to transfer at all.*
2	Each week, a summary report is to be sent to each Directorate (see list of people to email to in IPT April 2022 folder). This is to be created by refreshing the pivot table on the master tracker as follows and using the slicer to select the relevant service. Paste the pivot table into the body of email update, then click the grand total to return the patient detail onto a new tab. Save this tab as a separate workbook in the "updates to division" folder and attach to the update email (right click the tab, move or copy, select new book and save in the folder).		
Divisional Staff			
1	You can view the status of all patients who have been identified as suitable for transfer on any of the RTT PTL Reports by using the "Booking System Used" column, which will tell you whether the patient is about to be transferred (suitable for IS transfer), is with the CCG for patient choice conversation (IS transfer underway – do not book), has declined or been rejected, or are a subcontracted patient. Updates for subcontracted patients and an IPT summary are to be sent to each directorate on a weekly basis. This information is also available of the "IPWL Specialty Weeks Grid" Report.		

Part 2B: Tracking patients - subcontracted

No.	Description of Procedural Steps
Independent Sector Transfer Team	
1	The IST Team will send weekly updates to each directorate with subcontracted patients. As each cohort of subcontracted patients is likely to be specific to each ISP used, a tracker for each ISP is to be set up. The ISPs will send back spreadsheets on a week basis with ONLY the updates for that week. Each tracker is to be started off with the first cohort of patients as pulled from the IPWL Specialty Weeks Grid report, with four extra columns added: • Patient status – Sent to CCG; patient accepted by ISP; patient rejected by ISP; patient declined transfer; TCI booked; patient had procedure. • TCI date – Date of TCI booked for patient • Discharge summary received – Date of discharge summary receipt • Diagnostic report receipted – Date of diagnostic report receipt (to be 01/01/1900 where not required; left blank where required but not received). Update the picklist "Booking System Used" on Careflow PAS for patient who are rejected or decline. Each week, add pivot table to the master tracker as per IPT tracker and send to directorates.

No.	Description of Procedural Steps

Row Labels	Count of FactWLEntryID
Patient declined transfer	1
TCI booked	1
Sent to CCG	1
Accepted by ISP	1
Rejected by ISP	1
Grand Total	**5**

For patients who a discharge summary has been received for this week, add the detail as below:
Discharge summaries returned:
A12345; T&O; 103 weeks.

10. Quick reference guide for managing patients who wish to delay treatment for social reasons