Access Policy for the Management of NHS Patients Accessing Services at CircleReading Hospital

Name of Author	Head of Operations
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Target Audience	Circle Reading Staff & Consultants. External parties where applicable. General Public.

In developing this policy the following legislation has been duly considered:

General Data Protection Regulation

Data Protection issues have been considered with regards to this policy. Adherence to this policy will therefore ensure compliance with the General Data Protection Regulation and internal Data Protection Policies.

Diversity & Equality Policies

Equality issues have been considered with regards to this policy. Adherence to this policy will therefore ensure compliance with Equal Opportunity legislation and internal Equal Opportunity policies.

Freedom of Information Act 2000

Freedom of Information issues have been considered with regards to this policy. Adherence to this policy will therefore ensure compliance with the Freedom of Information Act 2000 legislation and internal Freedom of Information policies.

Health and Safety Act 1974

Health and Safety issues have been considered with regards to this policy. Adherence to this policy will therefore ensure compliance with Health and Safety legislation and internal Health and Safety policies.

Human Rights Act 1998

The Human Rights Act 1998 has been considered with regards to this policy. Proportionality has been identified as the key to Human Rights compliance. This means striking a fair balance between the rights of the individuals and those of the rest of the community. There must be a reasonable relationship between the aim to be achieved and the means used.

Race Relations Amendment Act 2000

The Race Relations Amendment Act 2000 has been considered with regards to this policy. Adherence to this policy means that the company will eliminate discrimination on the grounds of race and will promote race equality and good race relations.

The Employment Equality (Age) Regulations 2006

Circle Healthcare acknowledges that the age profile of the United Kingdom and therefore the local community is changing. The company is committed to equality of opportunity both in service delivery and employment and we have made a commitment to promoting age diversity. Adherence to this policy means that the company will challenge the general acceptance of "ageism" in order to eliminate age stereotyping.

The Mental Capacity Act 2005

Has been considered when developing this policy to ensure the guiding principles of the act are adhered to with reference to testing and assessment of capacity, consulting others and protecting the best interests of the patient. The Mental Capacity Act provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this. It enables people to plan ahead for a time when they may lose capacity.

Contents

Section 1 – General Introduction

The successful management of patients who wait for outpatient appointments and elective treatment is the responsibility of the Sponsor to which the patient belongs. Commissioners must ensure that long-term service agreements are established with sufficient capacity to ensure that no patient waits more than the guaranteed maximum time. Circle Reading recognises it has a responsibility to deliver this requirement on behalf of the Sponsors and its key role in contributing to effective patient care. This is a comprehensive responsibility from receipt of a patient referral or Inter Provider Transfer to the return of the patient to primary care.

Treating patients and delivering a high quality, efficient and responsive service as well as ensuring prompt communications with patients is a core responsibility of CircleReading and the wider local health community.

The accuracy of data is paramount and as such, all transactions made in the Compucare Patient Administration System (PAS) will be performed by staff in accordance with this access policy (AP) and the supporting Standard Operating Procedures (SOPs). The most up to date versions of the Access Policy will be accessible to staff and the general public.

The SOPs define the processes and procedures that CircleReading will undertake to support the functions and achieve the outcomes of the Access Policy. In essence, the Access Policy sets the standards for referral management and the SOPs detail how they are achieved.

1.1 Executive Summary

The length of time a patient needs to wait for investigation and treatment of a medical/surgical condition is an important quality issue. Waiting times are a visible and public indicator of efficiency for CircleReading and are often the basis on which some patients make a decision in choosing a provider.

1.2 Policy Statement

This policy has been developed in conjunction with the Department of Health 18 Week Rules & Definition Policy. It provides guidance on how the 18 week and rules and definitions need to be applied operationally.

1.3 Scope

This is an important document. It is intended for use by **all** staff in CircleReading and is available for information and guidance in managing patient pathways. It is expected that all staff involved in the treatment of patients, and managing the patient process, adhere to the Access Policy and associated SOPs. This policy is made available to patients as a published document, either on request or via the Circle website.

1.4 Aims and Objectives

- This Policy ensures that all patients entering care pathways are part of a comprehensive set of management processes supported by robust IM&T systems to deliver the required outcomes.
- The policy defines the roles and responsibilities of staff and establishes good practice guidelines to assist staff with the effective management of the patient pathway.

1.5 Key Principles

- The Hospital Director is responsible for ensuring compliance of this policy, contracted obligations detailed and its associated SOPs. It should be reviewed annually, in line with Information Standards Notifications (ISNs) or upon receipt of any contractual change. These are then translated in the Access Policy.
- The management of patients and their referral pathway will be equitable and transparent and communication with patients will be clear and concise to allow informed choices and decisions to be made.
- The Access Policy describes and supports the relevant reporting requirements to ensure that CircleReading fulfils its obligations.
- This Policy details how CircleReading will manage patients who are waiting for treatment on an admitted, non-admitted and/or diagnostic pathway.
- CircleReading will work to ensure fair and equal access to services for all patients thereby giving priority to clinically urgent patients and treating everyone else in turn.
- CircleReading will work to meet and reduce the maximum waiting times set by the Department of Health for all groups of patients.
- CircleReading will negotiate appointment and admission dates and times with patients wherever possible.
- CircleReading will ensure that Management Information of all 18 week waiting lists and activity is recorded on the Compucare PAS.
- Achievement of the 18 week pathway will be monitored through Patient Tracking Lists, which measure the patient's length of wait.
- In most circumstances patients should not be referred for acute services unless they are fit, ready and willing to access services within a maximum of 18 weeks.
- The polling ranges on the National Choose and Book system should be set at a relevant number of days/weeks that support delivery of the 18 week RTT pathway.

1.6 Roles and Responsibilities in Managing the Patient Pathway

The **Hospital Director** is accountable for the delivery of this policy and adherence to relevant Key Performance Indicators.

The **Head of Operations** will support and advise the Hospital Director in the above role and on all aspects of referral management, including scheduling and the administrative function to support discharge and onward referral.

The **Administration Lead** will support and advise the Head of Operations and will be accountable for managing the systems in place to monitor the application of this policy

and to ensure that patients are treated consistently and fairly in accordance with national guidance. He/she has accountability to manage the systems, processes and administration staff in accordance with this policy and supported by the SOPs. In particular, the Administration Lead is responsible for the following:

- Acting as a point of contact for external enquiries (sometimes urgent).
- Ensures that the process of transferring patients to other providers is carried out appropriately.
- Ensures the management of systems for patient tracking, including where patients are delayed on the pathway but not rejected.
- Oversees the management of all administrative staff associated with Circle Reading, ensuring all staff receive the appropriate training and development to continually improve the patient experience.
- Defines staff competencies and provides access to training and development.
- Supervises performance monitoring and audit reporting to ensure compliance to standards.
- Manages the review process of audit reports, which monitor the patient pathway.
- Review, Manage and Maintain weekly PTL (Patient Tracking Lists) ensuring that any potential concerns are highlighted to the Head of Operations and Hospital Director.
- Manage all administrative staff associated with the pathways.
- Define staff competencies in adherence with the Access Policy and provide access to training and development.
- Work collaboratively with clinical leads to ensure all patients progress their pathway in a timely manner from referral receipt to an appropriately scheduled appointment.
- Supervise performance monitoring and audit reporting to ensure compliance to standards.
- Ensure that all patients are offered appointments in line with their clinical priority, scheduling urgent referrals prior to routine referrals.
- Ensure that session closure systems are in place and that outcomes are correct and up to date.
- Escalate any referral with a clinical priority that cannot be scheduled appropriately to the Head of Operations.
- Manage capacity and demand for outpatient and inpatient sessions.

The **Bookings Team Lead** will manage the flow of patient referrals and Inter Provider Transfers into CircleReading, ensuring all referrals are registered in a timely fashion. The Bookings Team Lead will be responsible for the following:

- Manages referral Minimum Data Set compliance, (i.e.) ensuring that all referrals received contain the obligatory minimum dataset required for treatment at CircleReading, including checks against age thresholds as stated in the PA.
- Acts as a point of contact for external sponsors or GP enquiries, and ensures that patients progress smoothly on their pathway.
- Administer the patient pathway within Compucare.
- Record any CircleReading or patient initiated cancellation/DNA and reschedule or refer patient back to GP as appropriate.
- Ensure that Compucare reflects up-to-date, accurate information.
- Escalate any action diverting a patient from their pathway and agreed treat by date to the Bookings Team Leader to ensure appropriate action is taken.

Hospital Receptionists

- Provide a first point of contact for patients at reception, playing a key role in ensuring that the service runs smoothly and efficiently.
- Update patient information/data on Compucare.

Medical Secretary

- Book follow-up appointments for patients, ensuring that they are provided with a choice of date/time in the clinically appropriate timeframe.
- Conduct the clinic closure process in accordance with the Standard Operating Procedures.
- Ensure all patients are appropriately tracked through with accurate outcomes assigned.
- Ensure requests for funding (Individual Funding Request – IFR) for specific procedures are completed in a timely fashion and submitted to the IFR administrator.

Quality & Assurance Department

- Support the operational teams by providing staff with timely, accurate and appropriate information.
- Ensure that mechanisms are in place to collect data accurately according to the requirements of the Department of Health.

Escalation Process: The Structural chart indicates the escalation process for the issues/ incidents relating to the Referral Management Function.

-White: escalate to green

-Green: escalate to amber

-Amber: escalate to blue

-Blue; escalate to red

1.7 CircleReading Escalation Process

Section 2 – 18 Week Rules Overview

Beginning in 2008 the Department of Health (DOH) set the target that no patient will have to wait longer than 18 weeks (127 days) from referral to treatment (RTT). This includes all the stages leading up to treatment, including outpatient consultations, diagnostic tests and procedures. As part of the targets set by NHS England;

- 90% of patients admitted for hospital treatment start consultant-led treatment within 18 weeks in all specialities.
- 95% of patients who are not admitted to hospital start consultant-led treatment within 18 weeks in all specialities.
- 92% of patients still waiting to start consultant-led treatment have been waiting no more than 18 weeks.

Referral to treatment consultant-led waiting times only applies to services commissioned by the English NHS commissioners and for those patients that English commissioners are responsible.

2.1 Pathway Definitions

Non-Admitted Pathway- A pathway that results in a clock stop for treatment that does not require the patient to be admitted.

Admitted Pathway- A pathway that results in a clock stop for an admission where treatment is provided to the patient (ie. Daycase or inpatient procedure)

2.2 Exclusions from 18 Week Pathway

The following scenarios are excluded from the 18 week RTT standards:

- Emergency admissions
- Elective patients undergoing planned procedures (removal of metalwork, procedures related to age/growth, check cystoscopies etc.)
- Patients receiving on-going care for a condition whose first definitive treatment for that condition has already occurred
- Patients whose 18 week clock has stopped for active monitoring and has not yet restarted even though they may still be followed up by their consultant.

2.3 Sources of referral that commence an 18 week clock

Many of the waiting time clocks will begin with a referral from the GP and start at the point the secondary care provider receives the patient's referral.

For referrals made through the e-Referral service, the clock starts on the date the patient makes their appointment. The GP will refer the patient to the hospital which generates a Unique Booking Reference Number (UBRN). When the patient books their appointment via the e-Referral service their clock starts.

While GPs primarily make referrals to start the clock, a referral can be made by any healthcare professional, provided it is within the locally agreed referral practices. Referrers may include:

- Nurse Practitioners
- GPs with specialist interests
- Allied Health Professionals
- A & E
- Consultants
- Dentists (not for referrals to primary dental services provided by dental undergraduates in a hospital setting).

Referrals can be made to non-consultant led services in two cases:

- A 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 healthcare professional or GP.
- A service where the patient is considered to remain under the care of a consultant.

A consultant is defined as "a person contracted by a healthcare provider who has been appointed by a consultant appointment committee." He or she must be a member of a Royal College or Faculty. The definition of a consultant does not, however, include non-medical scientists of equivalent standing (to a consultant) within diagnostic departments.

A consultant-led service is one where "a consultant retains overall clinical responsibility for the service, team or treatment." The consultant does not necessarily need to be physically present for all patient appointments but will take an overall clinical responsibility for the patients care.

2.3.1 Consultant to consultant referral for a condition unrelated to the originally referred condition

A consultant may see a patient who is originally referred for condition A, however following a consultation the patient maybe referred to another consultant for a different condition (condition B). Should this be the case, the consultant must write to the patients GP requesting for the patient to be referred to the appropriate speciality.

2.3.2 End of Active Monitoring

If the patient or consultant feels it is appropriate to begin treatment after a period of active monitoring, a new 18 week clock will start.

2.4 Clock Stops

A clock stop is defined as the point in which a clinical decision is made that no treatment is required or when their first definitive treatment begins. The following scenarios indicate when a clock should be stopped:

2.4.1 First Definitive Treatment

The point at which the patient receives their first intervention, intended to manage a patient's disease, condition or injury and prevent further intervention.

2.4.2 Start of Watchful Waiting/ Active Monitoring

This can be initiated by either the patient or the consultant. It is a period of time usually before a decision to treat is made. Generally, no diagnostic investigations are performed.

2.4.3 Patient does not attend (DNAs) their first appointment following referral

The 18 week clock stops when:-

- **A patient DNAs their first new appointment following the initial referral that started their 18 week clock**, provided that discharging the patient back to primary care is not contrary to their best clinical interest and the GP/GDP receives communication to such effect. The clock stops on the day of the DNA appointment. (see 2.3 for clock information following clinical review of referral)
- **A patient DNAs their follow-up appointment and is subsequently discharged back to the care of the GP**, provided that discharging the patient back to primary care is not contrary to their best clinical interest and the GP/GDP receives communication to such effect. The clock stops on the day of the DNA appointment.

In both of the above scenarios, the provider must demonstrate clear communication to the patient as the patient will have chosen their appointment date and time and will be sent a confirmation letter from CircleReading.

2.4.4 Patient does not attend subsequent appointments on the pathway

If a patient fails to attend a subsequent appointment (consultations, diagnostics, pre-assessment, procedure) their clock is stopped and the patient is returned to the care of their GP. If the patient still wishes to be treated, they can be re-referred and new 18 week clock will commence upon the hospital receiving the referral.

2.4.5 Decision not to treat/no treatment required

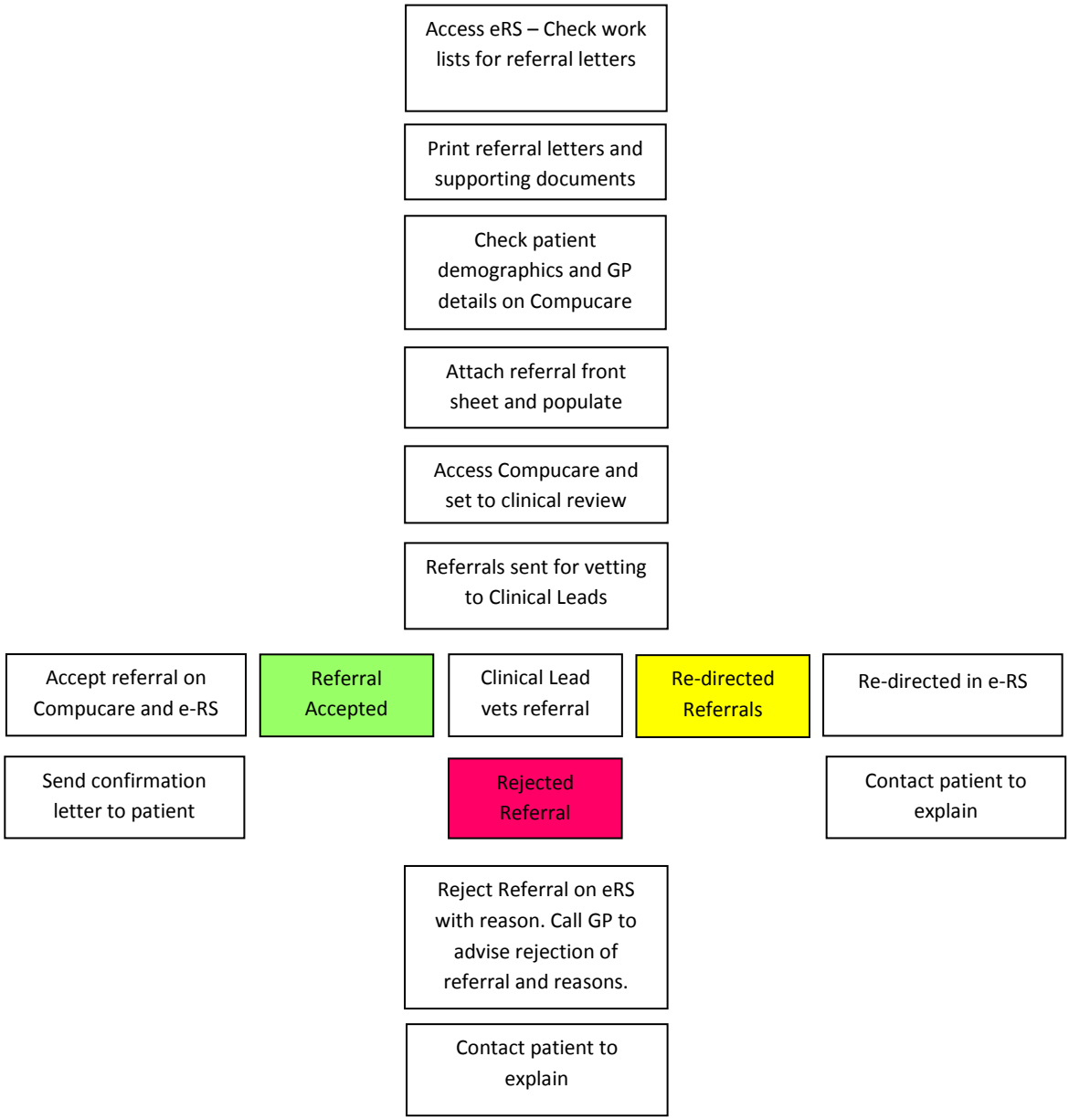
If the clinician decides that treatment is not required or decides that no treatment is to take place, the patient clock is stopped. The patient can either be referred back to the care of the GP or remain under the care of the Consultant.

2.4.6 Patient declines offered treatment

Following an initial appointment the patient may choose to decline treatment offered. The clock should be stopped and patient referred back to their GP.

Section 3 - Referral Pathways

3.1.1 e-Referral Process



3.1.2 Paper Referral Pathway

From September 2018, paper referrals are **no longer** accepted at Circle Reading.

3.2 Minimum Data Set (MDS) Requirements

All referrals received by CircleReading will have a fully completed MDS.

- The outpatient specialty for which the patient is referred
- Name, date of birth, NHS number, full address (including postcode) and contact telephone number
- GP address
- Any other relevant information including additional requirements such as communication disability needs and transport requirements
- The reason for the referral and the priority
- Details of relevant medical history
- Medication which the patient is known to be currently taking
- Known allergies
- The date of the referral

3.2 Referral Exclusions - General

All referrers must ensure that patients who meet any of the below referral exclusions are referred to an appropriate secondary care provider. An inappropriate referral to Circle Reading may result in the referral being rejected which provides a poor experience and patient journey.

1. "2 Week Wait" patients to go through appropriate local NHS 2WW Pathway
2. Patients who have had a MI/CVA/Recurrent TIA within the last 6 months
3. Patients with Cardiac related disorders
4. Patients with Life threatening Respiratory Disorders (acute COPD, Bronchiectasis etc.)
5. Patients with Severe & Life threatening Blood Disorders
6. Patients who are under 18 years of age
7. Patients who are grossly obese and have a BMI>50
8. Patients who have an unstable psychiatric disorder and are receiving psychiatric treatment

Further speciality specific exclusions may apply.

3.3 Referral Exclusions – Patients requiring Surgical Intervention

Internal Service Request

For patients who require a procedure following an outpatient consultation at CircleReading, the clinician will complete a conversion to surgery form. The clinician must ensure the patient meets the criteria outlined below for general or local anaesthesia.

General Anaesthesia

- Have access to a telephone 24 hours a day.
- Have a responsible adult carer for 24 hours post procedure.
- Have a responsible adult escort home and suitable transport.
- Be ASA 1, 2, 3 stable.
- Not have a BMI greater than 50 (If concurrent medical problems 35-50 with pre-assessment).

Local Anaesthesia

- Have access to a telephone 24hrs/day

Also recommended –

- Have a responsible adult carer for 24hrs post operation
- Have a responsible adult escort home

Inter- Provider Transfers (IPTs)

For transfers to other NHS providers, an Inter Provider Transfer (IPT) form must be completed and sent to the new provider.

Section 4 - Non-Admitted Pathway (Outpatients)

Referrals to CircleReading will commonly be made to a specified service rather than an individual. However, referrals to named clinicians can be made via the e-Referral service to allow the referrer to select a specific consultant which may provide continuity of care to the patient. In every instance where a patient wishes or has a clinical need to see a specified consultant, CircleReading will try to ensure this is accomplished where possible.

There are 2 recognized referral streams:

- The e-Referral Service
- Inter-Provider –Transfers (IPTs)

4.1 Referrals via the e-Referral service

The 18 week clock starts when the UBRN (Unique Booking Reference Number) is generated. If the referral comes through a Clinical Assessment Service (CAS) on eRS using a linked UBRN.

In the event there are no slots available for the referrer or patient to book an appointment or a technical error occurs, the appointment request will be deferred to the provider. The patient's details will appear within the appointment slot issues (ASI) work list. All patients deferred to Circle Reading will be contacted within **1 business day** to arrange a convenient date/time for their first appointment.

Three attempts should be made to contact the patient by telephone (2 daytime and 1 after 5pm). If the patient cannot be contacted, an appointment will be booked and appointment confirmation letter sent to the patient first class.

Where bookings administrators are unable to book ASIs received through eRS, the following escalation process will be used to ensure that all referrals are booked promptly.

The booking administrators will escalate issues to the Administration Lead who will reactively instigate one or more of the following actions:

- Extend polling ranges
- Organise additional (ad hoc) clinics
- Reinstate a previously cancelled clinic (organise additional cover)
- Convert the ratio of new/follow-ups accordingly (in specific clinics)

4.2 Paper GP Referrals

From September 2018, paper referrals are **no longer** accepted at Circle Reading.

4.3 Internal Consultant to Consultant Referrals for the same condition

Consultant to consultant referrals will start from the original referral date if it is for the same condition. (R*efer to 2.3.1 for different condition referrals*).

4.4 Inter-provider Transfers (IPTs)

Referrals received from another provider will keep the original clock start as this is a continuation of the same treatment pathway. All 18 week information will be included in the IPT form.

4.5 Receipt & registration of referrals

All referrals received through the e-Referral service will be automatically registered within Compucare.

4.6 Rejected referrals in the e-Referral service

Rejected referrals will be recorded in Compucare and the e-Referral service with a corresponding reason. The bookings administrators will ensure the GP surgery is telephoned to confirm rejection and the RTT clock will be stopped. Following guidance from the GP surgery, the patient will also be called and informed of the rejection.

4.7 Clinical Review

All routine and urgent referrals received by the CircleReading will be clinically reviewed to establish appropriateness of referral.

4.8 Patient Information

All new patients regardless of their booking method must be sent:

- A letter of confirmation with the date, time, consultant name and location of their appointment
- Patient Guide (if applicable)
- Any additional information required for their appointment (i.e. Health Questionnaire)

4.9 Scheduling

Patient appointments will be scheduled based on clinical and chronological prioritisation. All appointments will be guided by national and local targets.

CircleReading will conform to the 18 week guidelines to ensure the patient pathway is managed appropriately.

4.9.1 Generation of a Service Request

From an accepted referral within Compucare, one or more legitimate service requests will be assigned. Each service request will be raised within **1 business day** of acceptance of the referral and an appointment attached to it. The patient will be offered choice of appointment if the referral was not created via the e-Referral service, where choice would have already been offered. e-Referral service patients who have been referred through the e-Referral service will have already booked their appointment.

4.9.2 Unavailability of Appointments

If an appointment is not available, the Administration Lead should be made aware of the capacity issue to ensure appropriate service requests are polled and more capacity is made available for agreed appointments.

4.9.4 Patient Choice/ Deferral

Patients may decide to turn down a reasonable appointment for various reasons (extended holidays, work commitments). Patient initiated delays can be accommodated to a certain extent; however after a point treatment within 18 weeks becomes unreasonable or impossible for CircleReading. **Prior to referral onto an 18 week pathway GPs should establish that patients are ready and available to receive treatment within this timeframe**.

If a reasonable offer for an appointment or admission date has been refused by the patient it will be classed as self-deferral from the date the first appointment was offered. A new patient that declines **3 reasonable offers** for appointments will be informed that their referral will be rejected. The rejection will be recorded on Compucare and the RTT clock should be stopped. This process is also followed if the patient defers their appointment for a period of **4 weeks or more** for social reasons.

When the patient and GP decide to re-refer for treatment, a new 18 week clock will start at the point the new UBRN is created.

4.9.5 Active Monitoring / Watchful Wait

A decision can be made to start a period of active monitoring (Watchful Wait). This can be initiated by the consultant or the patient.

Active monitoring will be a period where it is clinically in the interest of the patient to monitor their condition over a period of time. Within this monitoring period, there will generally be no further tests or clinical interventions. This outcome will stop the RTT clock.

Stopping a patient's clock for a period of Active Monitoring should be carefully considered on a case by case basis and should be consistent with patient perception of their wait.

4.9.8 Sequential Appointments

Any referral received may initiate sequential appointments. In these cases, any internal scheduling following an initial scheduled appointment can be tracked to the associated original referral within Compucare.

Any patient due a follow up appointment beyond 12 weeks after their consultation will have their appointment partially booked. Six weeks before the appointment is due a letter will be sent to the patient requesting they contact CircleReading to arrange a convenient appointment.

If no contact has been made by the patient after three weeks, CircleReading will attempt to contact the patient via telephone on **three occasions**. If this is unsuccessful then it is passed for clinical review and a decision is made as to whether the patient is discharged back to the care of their GP.

4.10 Appointment Letter

Once an appointment has been booked, an appointment letter will be generated through Compucare and sent as confirmation to the patient. The letter is an audit trail of the appointment and will contain the following information:

- Patient's name
- Date letter was sent to the patient
- Date and time of appointment
- Location of appointment
- Contact number for appointment queries
- Name of the clinician responsible for the clinic

4.11 Patient Initiated Cancellations and Changes

If a patient decides to cancel or change their appointment, if possible, an alternative date should be given. The amended appointment and all dates offered or declined should be recorded on Compucare to provide an accurate audit trail.

4.11.1 Patient initiated cancellations for new appointments

If a new patient decides to cancel their appointment, they must be available to accept another reasonable appointment in line with their pathway as described in section 4.11.4. If a patient cancels their appointment and is not available to accept another reasonable offer, they will be referred back to their GP and their RTT clock stopped.

If a patient cancels their appointment on two recurrent occasions, they will be referred back to their GP. A letter to the patient and GP will confirm this and outline the need for a re-referral.

If a patient cancels within **24 hours or less** before the day of their appointment, it will be treated as a DNA (but not recorded as DNA on Compucare). Consequently the RTT clock for the cancelled appointment will be stopped and a new clock started. If the patient is given a new appointment, a Patient Initiated Cancellation & Reschedule Letter should be sent and not a DNA & Reschedule Letter.

4.11.2 Patient initiated cancellations for follow-up patients

If a follow-up patient needs to cancel their appointment, it must be re-scheduled with consideration of the 18 week treat by date.

4.12 CircleReading initiated cancellation for Non Clinical Reasons

CircleReading initiated cancellations for new patients

Patients whose appointments have been cancelled by CircleReading for non-clinical reasons will be rescheduled in line with their 18 week treat-by date.

CircleReading initiated cancellations for follow-up patients

Patients whose appointments are cancelled by CircleReading for non-clinical reasons will be rescheduled within **28 days**

4.13 Monitoring of Cancellations

The Administration Lead will liaise with the Head of Finance & Performance to monitor the volume of cancellations initiated by CircleReading and escalate any capacity issues to the Head of Operations.

4.14 Cancellations / Reductions of Clinics / Sessions

The only acceptable reason for any clinic to be cancelled is due to the absence of medical staff. This can result from planned annual/study leave or unplanned sickness absence. Clinics should not be cancelled for any other purpose unless there are exceptional circumstances.

A minimum of **8 weeks'** notice should be given when a clinician requires a clinic to be cancelled or reduced. A clinic cancellation/reduction proforma must be completed and emailed to the Outpatient department and Bookings inbox to action.

Short-notice clinic/session cancellations

- If a clinic is at risk of being cancelled within 6 weeks or less, the Administration Lead will inform the Head of Operations and agree a solution
- Where patients have to be cancelled at short notice (less than 6 weeks) their most recent/relevant clinic letters must be reviewed by clinical staff.
- Patients should be rescheduled in order of a) their clinical need and b) their wait time, ensuring that no patient exceeds the waiting time target. To achieve this, additional capacity within existing clinics may need to be agreed with the clinician and Administration Lead in consultation with the Head of Operations
- In the event of any emergency or exceptional circumstance, any responsible clinician undertaking a theatre session or clinic must immediately inform the Administration Lead, Head of Nursing and Head of Operations, in order that contingency arrangements are made to accommodate scheduled patients. Under no circumstances must any clinician leave CircleReading or their scheduled patients without escalating such exceptional circumstances/emergencies.

4.15 Outpatients who Did Not Attend (DNA)

The patient has the right to be responsible for his/her own health. With the introduction of patient choice and the e-Referral System, patients are provided with the option of choosing an appointment that is convenient to them.

4.15.1 DNA of initial appointment

In the event a patient does not attend their scheduled appointment, the clinician in charge of the clinic will review the patient notes. A decision will be made based on the clinical need of the patient and the rescheduling/discharge of the patient will be carried out. The medical secretary will update the patient referral based on the consultant decision as follows:

- Discharge the patient back to the GP and stop the RTT clock. A dictation or standard letter will be sent to the patient and GP informing them of this.
- Book the patient a further appointment. The clock will be stopped and a new one started. The patient will be booked into the next new available appointment and a confirmation letter will be sent.

4.15.2 Subsequent DNAs

If a new patient DNAs a subsequent appointment their clock will be stopped and they will be referred back to the GP for re-referral.

If a follow-up patient DNAs a second appointment, they will be reviewed by the appropriate clinician and a decision will be made as to whether a further appointment is required or they can be referred back to the care of their GP.

4.15.3 Patients under 18

NHS patients under the age of 18 are currently not seen by CircleReading.

4.15.4 Patient who arrive late for their appointment

Patients are permitted 30 minutes from the time of their appointment to arrive before they are treated as a DNA. If a patient arrives after this time, they are seen at the clinician's discretion. If the clinician will not see the patient, a further appointment may be booked and the 18 week clock is restarted

4.16 Outpatient Tracking

On departure of the patient or closure of the clinic, the patients outcome will need to be updated on the Compucare.

The clinician will record the 18 week clock outcome on the patient's outcome form. This outcome will be entered into Compucare to provide an accurate audit trail and RTT information. A 100% capture - (unknown outcome used for end of month billing) of outcomes should be achieved to ensure accurate monitoring and closure of RTT clocks. It will be the responsibility of the individual consultant and medical secretary to ensure compliance against this standard.

A clinic letter should be generated and filed in the patient's medical record. Clinic letters are sent away for transcription and returned to medical secretaries within 48 hours.

4.16.1 Patients who arrive but do not wait for their appointment

Patients who arrive for their appointment but decide to not see the clinician should be tracked out as having not seen a Healthcare Professional on Compucare.

4.16.2 Consultant-to Consultant Referrals

Consultant to consultant referrals: except as permitted under the Commissioner's local commissioning policies, a Consultant must not carry out, nor refer to another consultant to carry out, any non-immediate or routine treatment or care that is not directly related to the condition or complaint which was the subject of the patient's original referral without the agreement of the patient's GP.

4.17 Inter-Provider Transfers (IPTs)

If a patient needs to be transferred to another provider for a surgical procedure, outpatient appointment or diagnostic procedure (dependent upon the speciality), the consultant or nurse in charge must complete an Inter-Provider Transfer (IPT) form, to include the following information:

- Patient demographics
- Date of completion of form
- Patient GP details
- Referring organisation name
- Referring clinician name
- Receiving organisation name & speciality
- RTT status and latest 18 week clock start date
- Required surgical/diagnostic procedure or appointment request and if a specific surgeon/clinician is required

4.18 Vulnerable Patient's

It is essential that patients, who are vulnerable for whatever reason, have their needs identified at the point of referral from outpatients.

This group of patients includes:

- Patients with learning difficulties or mental health problems.
- Patients with physical disabilities or mobility problems.
- Patients who require an interpreter.
- Patients who pose an increased anaesthetic risk (uncontrolled epilepsy, diabetes, congenital heart disease).
- Patients with decreased mental capacity.
- Patients who have been detained by Her Majesty's Prison Service .
- Elderly patients who require community care.
- Any other vulnerability identified.

Communication with this patient group is required to establish their needs and, where appropriate, other agencies should be involved.

Section 5 -Diagnostics

5.1 Definition

A diagnostic test is defined as a test or procedure used to identify a person's disease or condition to allow a medical diagnosis to be made.

A patient's waiting time for a diagnostic test/procedure begins when the request for the test or procedure is made and ends when the patient receives the test / procedure.

5.2 National Targets & Rules

From March 2008, the maximum waiting time for the diagnostic stage of treatment is **6 weeks.**

For the purpose of RTT recording, this does not include waits for diagnostic tests / procedures where

- The patient is waiting for a planned (or surveillance) diagnostic test / procedure, (i.e) a procedure or series of procedures as part of a treatment plan which, for clinical reasons, is carried out a specific times or repeated at a specific frequency (i.e check Cystoscopy)
- The patient is waiting for a test/procedure as part of a screening programme (e.g. National Breast Screening Programme or routine repeat smear test).
- The patient is an expectant mother booked for confinement.
- The patient is currently admitted to hospital and is waiting an emergency or unscheduled diagnostic test / procedure as part of their inpatient treatment.

Where a diagnostic test is being undertaken in an outpatient setting (non-admitted) the outpatient section of the procedure must be adhered to (see Section 4).

Where a patient is being admitted as a Day Case or inpatient for a diagnostic test then the Day Case/ Inpatient section of the procedure (admitted pathway) must be adhered to (see Section 6).

5.3 Reasonable offer of diagnostic appointment

It is good practice that all patients have their diagnostic test booked on the same day that they attend their out-patient appointment.

For diagnostic test/procedure appointments which are not made on the day of the outpatient appointment, the patient should be offered an appointment by telephone (2 attempts are made by telephone and then a letter is sent) which gives a minimum of **3 weeks'** notice of the appointment.

5.4 DNAs for Diagnostic Appointments

Where a patient does not attend a scheduled diagnostic appointment and the reason is unknown, the administration staff will endeavour to contact the patient and ascertain the reason for DNA. One of the following actions will be taken dependant on the reason:

- Refer the patient back to the clinician who requested the diagnostic test, to decide whether the patient should be referred back to their GP.
- Schedule the patient a further diagnostic appointment and communicate this to the relevant medical secretary so that they can inform the referring clinician.

If a patient subsequently DNAs a second diagnostic appointment, they will be referred back to the care of the clinician who requested the diagnostic test, to decide whether the patient should be referred back to their GP.

5.5 Patients under the age of 18

NHS patient under the age of 18 are currently not seen by CircleReading.

Section 6- Day Case/ Inpatient (Admitted Pathway)

6.1 Selecting Patients for Admission

All patients will be chronologically managed in accordance with the 18 week guidance. Patients whose booking form indicates that they require an urgent procedure will be clinically prioritised.

- Reasonable notice – **3 weeks'** notice in all cases and an offer of 2 dates verbally or 1 date for written offers.

6.2 Patients with a Decision to Treat

The decision to add a patient to a waiting list must be made by a consultant, or under an arrangement agreed with the consultant.

Patients must be clinically and socially ready for admission on the day the decision to admit is made.

Patients on an 18-week pathway who have agreed a treatment plan with the clinician but require an additional assessment prior to surgery, must have this incorporated into their 18-week pathway.

6.2.1 Pre-operative Assessment

Patients who require pre-operative assessment based on the Day Case/Inpatient criteria are deemed fit once the decision to treat has been made at consultation. All the patients will have a service request raised for their pre-operative assessment and procedure.

Prior to the pre-operative appointment, all patients are required to have completed a health questionnaire.

6.2.2 Pre-operative Assessment-Did Not Attend (DNA's)

In the event of a routine patient not attending for the pre-operative Assessment, 2 attempts (1 during the day and 1 after 5pm) will be made to contact the patient and provide another date for a pre-assessment appointment. If the patient cannot be contacted, the patient will be booked a new appointment and a confirmation letter sent to the patient.

If the patient DNA's two consecutive pre-assessment appointments, the patient notes will be reviewed by the treating clinician and may be referred back to the GP depending on clinical need.

6.2.3 Managing the outcome of Pre-Operative Assessment

If the patient is clinically and/or socially unfit for the proposed procedure, the referral will be processed in one of the following ways:

- The patient is placed on active monitoring (Watchful Wait) for a maximum period of **6 weeks**; the patient will then be advised to return to their GP. The GP will be informed of clinical actions necessary to make their patient fit for treatment. Once this period has expired, a pre-operative nurse will telephone the patient to arrange a further pre-operative assessment.
- If the patient is deemed clinically and/or socially unfit and this cannot be improved during a period of active monitoring, the referral will be rejected back to the referring clinician. The GP will also be informed of this decision.

6.3 Information to the Patient

The majority of patient will be sent an admission letter confirming their date of admission with the exception of clinical priority patients. If a leaflet is required for the intended procedure this must be given whilst at the hospital or included with the letter.

As soon as a procedure date has been booked, an admission letter is created on Compucare and sent as confirmation. The letter is an audit trail of the arrangements and will contain the following core details:

- Patient's name
- Date letter sent to patient
- Date and admission time of procedure
- Name of the consultant who will be carrying out the procedure
- Contact number of queries relating to the appointment
- Any other relevant clinical information/ advice

6.4 Patients who become clinically unfit for treatment following their successful pre-operative assessment

In the event of a patient becoming unfit after they have been scheduled, an assessment must be made on the likely duration of the period of unavailability. In the event of long-term periods of unavailability due to clinical unfitness for treatment (**over 2 weeks**), the patient must be discharged back to the care of their GP for re-referral into the preoperative assessment clinic. In this instance, clear guidelines must be given to the GP regarding the patient's condition to warrant re-referral.

6.5 Reasonable offer

For written and verbal offers of an admission to be reasonable, the following waiting time guidance should be followed:

- For a **written** appointment to be deemed reasonable, the patient is to be offered an appointment with a minimum of **3 weeks'** notice.
- In addition to the 3 weeks' notice, for a **verbal** appointment to be deemed reasonable, the patient should be offered an appointment on a minimum of **2** different dates.
- If a patient chooses to accept an appointment that is earlier than the 3 week's notice, this is still deemed reasonable.

6.6 Clinical Appropriateness

If a patient declines the above offers and decides to wait longer for their treatment, they must be offered a second TCI date within their 18 week clock period.

It is recognised that for some patients, 18 weeks is clinically inappropriate. Specifically this relates to the following two scenarios:

- Clinical Exceptions – patient with clinically complex conditions and/or co-morbidities unsuitable to be treated within 18 weeks.

These patients are exceptional and will be provided for within the CircleReading operational tolerance.

6.6.1 Patient Cancellations

Patients who cancel an admission date for a valid reason must be given a re-arranged date at the time of the cancellation that is within the 18-week waiting time standard.

If a patient cancels twice or more, their referral must be completed on Compucare and the 18 week clock is stopped. A letter must be sent to the patient, their GP and also the referring clinician (if not the GP), explaining the decision.

6.6.2 Day Case – Did Not Attend (DNAs)

In the event of a routine patient not attending for their admission date, the patient will be contacted and rescheduled or discharged to the care of their GP, at which point the 18 week clock is stopped. The organisation must be able to demonstrate that:

- The admission appointment offered was reasonable.
- Discharging the patient (i.e. removing the patient from the waiting list) represents no clinical risk
- Prior to discharge, the patient case notes are reviewed by the consultant or team and if indicated the patient is rescheduled.

Clinical priority admissions that are urgent will be rescheduled and offered a further admission date within the appropriate timeframe. If the patient DNAs a second admission date, the patient will be discharged and returned to the care of their GP.

6.7 Hospital Initiated Cancellations of Admissions

Where a patient's admission has been cancelled on the day of admission for non-medical reasons, this must be recorded as a hospital cancellation and the patient rescheduled in accordance with their 18 week pathway.

Patients cancelled by the hospital on the day of admission must be treated within **28 days** of the cancellation or prior to the end of the 18-week pathway, whichever is the earliest.

6.8 Method of Admission

Elective admission is when the decision to admit is predictable. Emergency admission is when admission is unpredictable and at short notice because of clinical need.

If it is decided it is an elective admission, the elective admission type is recorded as one of the following:

Waiting list admission - a patient admitted electively from a waiting list, having been given no date of admission at the time a decision was made to admit.

Booked admission - a patient admitted, having been given a date at the time a decision to admit was made.

Planned admission - a patient admitted, having been given a date or approximate date at the time that the decision to admit was made. This is usually part of a planned sequence of clinical care.

6.9 The Vulnerable Patient

It is essential that patients who are vulnerable for whatever reason, have their needs identified at the point of referral from outpatients.

This group of patients includes:

- Patients with learning difficulties or mental health problems.
- Patients with physical disabilities or mobility problems.
- Patients who require an interpreter.
- Patients who pose an increased anaesthetic risk (uncontrolled epilepsy, diabetes, congenital heart disease).
- Patients with decreased mental capacity.
- Patients who have been detained by Her Majesty's Prison Service.
- Elderly patients who require community care.
- Any other vulnerability identified.

Communication with this patient group is required to establish their needs and, where appropriate, other agencies should be involved.

6.11 Transfers between Clinicians & Providers

6.11.1 Transfers Between Clinicians

Patients may only be transferred to another clinician if they have explicitly agreed to this. Patients have the right to be treated by the consultant he/she was originally seen by, or by one of their team.

The original consultant and the receiving consultant must both be notified and must agree to the change.

Any refusal by the patient to be transferred to another consultant will not affect the waiting time of the patient.

6.11.2 Transfers to NHS Providers

For transfers to NHS providers, an Inter Provider Transfer (IPT) form must be completed and sent to the new provider.

6.11.3 Transfers to other Private Providers for treatments on the NHS

Transfer to another private provider will be in consultation with the patient and the Consultant. An Inter- Provider Transfer (IPT) form must be completed and sent to the new provider.

If a patient does not wish to be transferred, the original provider must ensure the patient is admitted for treatment in compliance with 'Your Guide to the NHS' (2001). Waiting time will continue uninterrupted. The patient must not experience an extended waiting time in their 18-week pathway due to the transfer.

Identifying patients for transfer will happen in a timeframe that ensures patients do not exceed the maximum wait.

Where patients are transferred to another private provider under the same CircleReading clinician, the patient will be notified of the new venue, emphasising that the clinician will remain the same.

6.12 Categorising Patients Requiring Multiple Procedures

Patients that require scheduling for multiple procedures in different specialities will have a referral created for each referred condition.

6.13 Categorising Patients Requiring Bilateral Procedures

If the patient is referred for a bilateral procedure which cannot be performed as a single admission, the patient will have surgery on one side first and the other later. The patient should therefore be:

- Scheduled for the first side upon the decision to admit creating an operative referral on Compucare for that side.
- At post surgery review, the patient will be scheduled for the second side, starting a new 18 week clock.

6.14 Discharge of Daycase/ Inpatient Patients

On completion of their episode of care, all patients will have a discharge summary assigned to their referral within their patient record on Compucare. They will also be tracked as discharged.

6.15 Closing Daycase/Inpatient Episodes

On discharge of the patient from the hospital, the patient status will be entered on Compucare. The ward administrators will enter the outcome into Compucare to complete the 18 week RTT information. 100% of patient outcomes must be captured to achieve accurate 18 week information. It is the responsibility of the individual consultants and the clinical unit to ensure compliance against this standard.

SECTION 7 - Monitoring Compliance within the Access Policy

The overall aim of the Access Policy is to improve access to services for patients and ensure all patients are treated consistently and in line with appropriate national guidance. It is therefore essential that performance against the standards identified within the policy are monitored and improved upon to protect patients' access to CircleReading services.

The monitoring of internal systems, rather than just purely monitoring data outputs of the systems is an integral part of Circle Readings plans to modernise its services.

The Quality & Assurance Team will develop reporting systems and processes in order to support the key stakeholders involved in the referral pathway.

The Hospital Director will be responsible for looking at the information produced and agreeing any action required. The Head of Operations, working alongside the Administration Lead, will be instrumental in changing practice to ensure achievement of the standards.