



Probus Surgical Centre

## Patient Access Policy

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## INTRODUCTION

### 1.1 Purpose

This Policy reflects the overall expectations of the Surgical Centre on the management of referrals and appointments into and within the organisation, and defines the principles on which the policy is based.

The policy fully supports the strategic aims of the Five Year Forward View the requirement of the NHS Constitution and the Accessible information standard helping to ensure that:

- Patients' rights to access services within maximum waiting times are met, or for the NHS to take all reasonable steps to offer them a range of alternative providers if this is not possible.
- The numbers of patients awaiting outpatient appointment, planned treatment, imaging or any other diagnostic test and the length of time they have waited, are accurately recorded and patients informed of their anticipated wait.

### 1.2 Scope

This policy covers all services within Probus Surgical Centre that patients may be referred. This includes hospital based and community based services.

This Policy is intended to be of interest to and used by all those individuals within the Surgical Centre, who are responsible for managing referrals, adding to and maintaining waiting lists for the purpose of organising patient access to treatment.

Patient safety is our first priority. The policy does not override clinical judgement; members of staff should continue to make decisions in the best interests of patients at all times within the context of the policy and the best use of the Trust resources.

This version supersedes any previous versions of the document.

### 1.3 Principles

This policy highlights the key principles that govern effective and reliable referral management throughout the local health community:

- The processes of referral, appointment management will be transparent to the public and external organisations.
- The Surgical Centre will treat everyone in turn, according to the length of time they have been waiting since referral, at a time convenient to them and in line with current national waiting times standards.
- The Surgical Centre adheres to the principle that all waiting lists should be managed equitably with no preference shown on the source of referral.
- At any point on a patient pathway where the patient would have a choice of provider, the Surgical Centre will not provide or produce any publication material that may influence the

patient's choice or unfairly favour one provider over another. Patients requesting information on choice of provider should be referred to the NHS Choices website or their GP for further information.

- All referrals, additions and removals from the waiting list will be made in accordance with this policy.
- Accuracy and reliability of waiting list information is the responsibility of all staff who are involved in referral and appointment management or have access to the administration and upkeep of patient administration systems.
- Patients (and carers) will receive clear explanations regarding proposed surgical treatment including benefits and potential risks. Agreement to proceed with treatment will take the form of written consent signed by the patient in accordance with the Surgical Centre's policy on informed consent.
- Patients (and carers) will be made aware of their role in ensuring the Surgical Centre's waiting list processes are efficient and are expected to attend appointments (or notify the Surgical Centre in advance if they are unable to attend) and to keep the Surgical Centre informed of changes to personal circumstances.
- The Surgical Centre will ensure that all patients requiring treatment by the Surgical Centre will be treated within national waiting time standards.
- Patient information will be provided, in the appropriate format, to patients explaining the waiting list process, and in particular pointing out the potential consequences of not attending an appointment. This information will be shared when all appointments are agreed with the patient.
- All rules within this policy should be applied pragmatically. The consultant in charge of the patient's care can request exceptions to the rules contained within this policy if it is in the clinical best interests of the patient. When in doubt, the spirit of the policy should be applied, which is to see all patients in a timely manner.
- Referral to Treatment (RTT) rules continue to apply to pathways. If when contacting a patient to agree an appointment, diagnostic or date of admission, the patient states that due to COVID-19 they are not willing to agree a date at this time, no pause or blanket discharge policy can be applied to the patient's pathway. Instead, these patients must be reviewed on a case by case basis by the relevant clinician and decisions made based on the best interest of the patient.

#### 1.4 Serving personnel, their families and Veterans

- Serving personnel, their families and Veterans have specific requirements as set out by the National Armed Forces Covenant. Specifically, the Surgical Centre must fulfil the following commitments:

- The Armed Forces Community<sup>1</sup> should enjoy the same standard of, and access to, healthcare as that received by any other UK citizen in the area they live

- Serving personnel and their families<sup>2</sup> should retain their relative position on any NHS waiting list if moved around the UK due to the Serving person being posted

- Veterans<sup>3</sup> should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need.

Footnote: <sup>1</sup>Serving personnel, their families and veterans

<sup>2</sup>Families are defined as a member of immediate family living with the Serving person such as their spouse or children

<sup>3</sup>Veterans are defined as any person who has served with the Army, Navy or RAF for at least one day and is no longer in active service

## 2. NATIONAL WAITING TIMES TARGETS AND GUIDANCE

The Surgical Centre is required to achieve the following nationally defined waiting times targets:

### 2.1 18 weeks Referral to Treatment (RTT)

Patients on a consultant led pathway should be treated within 18 weeks of initial referral, unless it is clinically inappropriate or the patient chooses to wait longer than 18 weeks. This is also referred to as the “Referral to Treatment” (RTT) standard. Consultant-led pathways are where a consultant retains overall clinical responsibility for the pathway. The pathway may include appointments and treatments provided by the service or team led by the consultant. The setting of the consultant-led appointment or treatment, whether hospital-based or community-based, does not affect the patient’s right to start treatment within 18 weeks.

The national RTT standards are:

- 92% of incomplete pathways to be within 18 weeks.
- No patient should wait longer than a maximum of 52 weeks.
- All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons should be offered another binding date within 28 days, or the patient’s treatment to be funded at the time and hospital of the patient’s choice.
- Patients, who have not accessed treatment within the recommended timeframe, are able to choose whether to access faster treatment elsewhere in a managed way.

## 2.2 Other national waiting times standards

The following national waiting times for specific patient groups also apply:

- 99% diagnostic tests to be carried out within 6 weeks of referral for the test;

## 2.3 The NHS Constitution

The NHS Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

The NHS Constitution states that patients have the right to access certain services commissioned by NHS bodies within maximum waiting times. Where this is not possible, the NHS should take all reasonable steps to offer a range of suitable alternative providers. This promise was made a legal right by NHS England and Clinical Commissioning Groups (CCGs) in the responsibilities and standing rules regulations 2012.

It is therefore now a legal right for patients to start their NHS consultant-led treatment within a maximum of 18 weeks from referral, unless they choose to wait longer or it is clinically appropriate that they wait longer.

If the patient cannot be seen within the maximum waiting time, the NHS Constitution states that the patient may contact the commissioner who is funding the treatment (CCGs or NHS England). In these circumstances, the commissioner must investigate and offer the patient a range of suitable alternative hospitals or community clinics that would be able to see or treat the patient more quickly.

For more information on the NHS Constitution, please click on the link below: [The NHS Constitution for England - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

## 2.4 18 weeks clock rules and definitions

There are specific nationally defined waiting times rules for patients on an 18 week pathway. It is the responsibility of all members of staff to understand the 18 Week principles and definitions. They must be applied to all aspects of individual specialty pathways, and referrals and waiting times will be managed and measured accordingly

### 2.6.1 Start of the 18 Week pathway

An 18 week clock starts when any health care professional or service permitted by an English commissioner to make such referrals, refers to:

- 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;



- 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;

An 18-week clock also starts upon a self-referral by a patient to the above services, where these pathways have been agreed locally by commissioners and providers and once the referral is ratified by a health care professional.

Upon completion of an 18 week referral to treatment period, a new 18 week clock only starts:

- when a patient becomes fit and ready for the second of a consultant-led bilateral procedure;
- Upon the decision to start a substantively new or different treatment that does not already form part of that patient's agreed care plan
- Upon a patient being re-referred to a consultant-led service; interface; or referral management or assessment service as a new referral
- When a decision to treat is made following a period of active monitoring.
- When a patient rebooks their appointment following a first appointment DNA that stopped and nullified the clock

The e Referral System (eRS) will be the primary referral method. The start of the RTT period is the date of conversion of the Unique Booking Reference Number (UBRN).

Where eRS is not in place, the 18 week clock starts at the point at which the provider receives the referral letter.

Consultant to consultant referrals for conditions not related to the original referral should usually be made via the patient's GP. At the point where a consultant makes the decision to refer an existing patient onto another consultant within the Surgical Centre or to another service provider, the consultant will notify the GP in line with this policy.

Any such referral would start a new patient pathway with a new 18 week pathway clock. The original 18 week pathway will continue concurrently until the patient is discharged or treated by the original consultant.

Consultant to Consultant referrals for patients with the same underlying condition will be included within the 18 week pathway, with the wait continuing from the original referral. For example, a patient referred to neurology with pins and needles is found to have carpal tunnel syndrome and is referred to orthopaedics for treatment using the inter-provider transfer form or referring to the Surgeon.

## 2.6.2 End of the 18 Week pathway

A Clock will stop for treatment when first definitive treatment starts. This could be:

- Treatment provided by a consultant-led service

- Therapy or healthcare science intervention provided in secondary care or at an interface service, if this is what the consultant-led service decides is the best way to manage the patient's disease, condition or injury
- A clinical decision is made and has been communicated to the patient, and their GP (or other referring practitioner) to add a patient to a transplant waiting list.

A Clock will stop for non-treatment when it is communicated to the patient and their GP (or other referring practitioner) that:

- It is clinically appropriate to return the patient to primary care for non-consultant-led treatment in primary care.
- A clinical decision is made to start a period of active monitoring
- A patient declines treatment after having been offered it
- A clinical decision is made not to treat
- A patient DNAs their first appointment following the initial referral that started their 18-week clock, provided that the provider can demonstrate that the appointment was clearly communicated to the patient.
- A patient DNAs any other appointment and is subsequently discharged back to the care of their GP, provided that:
  - The provider can demonstrate that the appointment was clearly communicated to the patient
  - Discharging the patient is not contrary to their best clinical interests
  - Discharging the patient is carried out according to local, publicly available policies on DNAs
  - These local policies are clearly defined and specifically protect the clinical interest of vulnerable patients (e.g. children) and are agreed with clinicians, commissioners, patients and other relevant stakeholders.
- The death of a patient would also end the 18-week pathway.

### 3. WAITING TIMES GUIDANCE FOR APPOINTMENTS – INCLUDES OUTPATIENTS, DIAGNOSTIC AND ALLIED HEALTH PROFESSIONAL

A waiting list is a list of patients waiting to receive a consultation, assessment, diagnosis, care or treatment from an organisation.

Every patient waiting has a valid expectation of treatment within the national wait time target of 18 weeks where clinically appropriate.

- The fundamental principle is that all decisions about a patient's waiting time should be made with the best clinical interest in mind and in accordance with national legally binding referral to treatment rules.

- Patients are selected from a waiting list in order of clinical priority and within agreed waiting time standards and predominately in the order of the longest waiting patient first.
- Patients may be required to shield and have pre-procedural screening, prior to admission.
- Instruction on shielding and screening requirements must be communicated clearly prior to admission.
- All waiting lists must be recorded on an appropriate electronic clinical system. Manual recording of waiting lists and appointments such as diaries are not permissible under any circumstance.
- Waiting lists must be accurate and up-to-date at all times.
- All routine pathways should be categorised as P4. Urgent referrals to be categorised a P3.
- P6 at the start of the pathway comment is to further categorise any pathway delay and is to be used where a patient wishes to postpone procedure due to non-COVID- 19 concerns

### 3.1 Failure to attend first appointment (DNA)

Where a patient does not attend (DNA) their first appointment following initial referral, the patient will be clinically reviewed by the surgeon to determine whether there is a clinical need to offer another appointment. If not, the patient will be removed from the waiting list and discharged back to the care of their GP/referrer. The patient and GP/referrer should be informed in writing of the reason for their removal by a letter. As the patient has not yet been seen within the Surgical Centre, the consultant does not normally need to be made aware of this. The patient may be re-referred at the GP/referrer's discretion. The Surgical Centre will take into account extenuating patient circumstances and act in the spirit of reasonableness when deciding whether to discharge back to the GP / referrer. This information should be documented in their SystemOne record.

For 18 weeks pathways, patients who DNA their first appointment nullify the RTT clock (i.e. the pathway is removed). Where patients are reappointed following a DNA for a first new appointment, the original RTT clock is nullified and a new 18 week pathway starts with effect from the date the patient agrees the new appointment date.

### 3.2 Failure to attend follow up appointments (DNA)

Patients who fail to attend (DNA) their follow up appointment will not be offered a further appointment unless it is contrary to their best clinical interests – this will be the decision of the consultant. If it is decided that the patient will be discharged back to their GP / referrer for subsequent management, a letter should be sent by the consultant to the patient and their GP/ referrer and their 18 Week Referral To Treatment clock will stop.

### 3.3 Patients who re-schedule a first appointment

Patients who re-schedule / cancel their first appointment will be offered an alternative reasonable date at the time of cancellation within current waiting time guidelines.

If the patient cancels their first appointment twice, they should normally be removed from the outpatient waiting list and referred back to their GP/referrer for further management. The patient and GP/referrer should be informed in writing of the reason for their removal by a letter. As the patient has not yet been seen within the Surgical Centre, the consultant does not normally need to be made aware of this. The patient may be re-referred at the GP / referrer's discretion. Patients who cancel and re-book their new appointment via eRS will be monitored. Any patient who cancels and re-books more than twice will be reviewed and where clinically appropriate discharged back to their GP / referrer who may re-refer at their own discretion.

If a patient cancels a new appointment, the RTT clock will continue to tick if the patient is being re-booked. The RTT clock will stop if the patient is referred back to their GP.

### 3.4 Patients who re-schedule a follow up appointment

Patients who cancel their follow up appointment will be offered an alternative date at the time of cancellation, this will be within current waiting time guidelines. If the patient cancels their follow up appointment twice consecutively, they should normally be discharged and removed from the waiting list. This will be at the discretion of the consultant.

### 3.5 Referral management

There are 2 main types of referral for a new outpatient appointment that the Surgical Centre will receive:

- Consultant named referrals – this is a referral to a named Consultant (i.e. Dear Mr. Smith)
- Generic referrals – this is often a referral to a specialty (i.e. Dear ENT Surgeon, Dear Doctor)

### 3.6 Process of referrals e Referral System (eRS)

1. GP records referral electronically
2. Provisional appointment made by E-Referral Service eRS or Devon Referral Support Services DRSS.
3. Referral actioned from eRS by Admin Team – Patient's demographics are entered onto SystemOne and referral transferred to their patient electronic notes. Referral details also entered into our referral Excel Spreadsheet.
4. Referral passed to appropriate surgeon for vetting.
5. If accepted, patient is added to the appropriate waiting list to wait their turn for an appointment to be booked. Once booked this is sent to the patient is sent a letter to confirm appointment, which includes information leaflet regarding procedure, benefits, risks, assessment questionnaire and if it is operation, it will include consent form.
6. If the referral is declined it will either be forward to RCHT or returned to referrer via eRS depending on reason for declining.
8. Occasionally, a vetting surgeon will request that the referral is shown to another surgeon to vet, if this occurs the appointment should be booked with the final vetting surgeon.

### 3.7 Clinic profiles

Clinic profiles set the type and number of slots available within each clinic and are crucial to determining the operational capacity of the service by identifying the ability of each clinic to see a certain number and type (e.g. new, follow up) of patients. They also govern the length of each type of appointment slot.

Executive Directors and our Commissioner have agreed annual activity levels by speciality and consultant/clinic. It will be the responsibility of the Managers to ensure these are delivered. Executive Directors and Managers will liaise with the Lead Theatre Nurse and Admin Team to ensure that sufficient capacity is available to deliver agreed activity plans.

### 3.8 Clinic cancellation / reduction

The only reason that clinics should be cancelled is due to the absence of clinical staff. This can be the result of planned annual leave, study leave, planned audit sessions or unplanned sickness absence. In accordance with best practice, the following framework should be followed:

- Consultants/Surgeons must give a minimum of 6 weeks' written notice of planned annual leave or study leave which identifies when a clinician requires a clinic to be cancelled or reduced;
- If the notice period is less than 6 weeks' due to unplanned leave (e.g. sickness/bereavement etc.), all efforts should have been made by the respective medical team to cover the clinic to prevent/minimise cancellations;
- If this is not possible, the Managers must work with the Admin Team to ensure that those patients whose appointments will be cancelled, and where such action may jeopardise the Surgical Centre's ability to treat them within the respective waiting time standards, are seen before the waiting time target is breached but within existing Surgical Centres resources.
- When clinics have to be unavoidably cancelled, liaison with the Managers, Admin Team and the nursing staff is essential;
- When clinics are partially cancelled, patients with shorter waiting times since their original referral should be cancelled before patients with longer waiting times since their original referral;
- It is the responsibility of the Managers/Admin Team to ensure that patients whose appointments are cancelled are re-booked with an appointment date within the relevant waiting time, subject to available capacity. If there is no available clinic capacity, the responsibility rests with the Senior Surgical Manager and Executives;
- No patient will be issued with an appointment date that is in breach of a waiting time standard;
- There will be no changes to the start point of the calculation of a patients waiting time due to clinic cancellation;

### 3.9 Validation of waiting lists

The Admin Team are responsible for validating the waiting lists to ensure no new patient breaches the Surgical Centre's waiting times standards. Any potential breaches must be reported to Management. When removing a patient from the waiting list, the date and the reason for cancellation/removal must be documented on their SystemOne record.

### 3.10 18 weeks clinical exceptions

National 18 weeks guidance states that patients should start their consultant-led treatment within a maximum of 18 weeks from referral, unless they choose to wait longer or it is clinically appropriate that they wait longer.

Where it is not clinically appropriate for a patient's treatment to begin within 18 weeks of referral, because the patient is either temporarily unfit for treatment or there is genuine clinical uncertainty about the diagnosis, these patients should remain on an 18 week pathway and their 18 weeks waiting time still be reported. These patients will fall under the operational tolerances already built into the national target.

Further national guidance on clinical exceptions can be found in the "Referral to treatment consultant-led waiting times Rules Suite": [Consultant-led treatment: right to start within 18 weeks - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

### 3.11 CCG clinical threshold document

The local commissioner's clinical threshold document should be adhered to and any referrals received that do not meet the criteria should be returned to the GP. Further information on this document can be found at:

### 3.12 e Referral System (eRS)

Patient referrals received via eRS will be processed in line with the booking process shown below:

- The Admin Team will be responsible for clinic management on a daily basis. Clinicians/Clinical Director will be able to amend the make-up of their clinics by working with The Surgical Centre to refine their Directory of Services in order to ensure that capacity is available to meet contracted demand.
- Reviewing referrals – a time limit of 3 working days will be set to vet referrals. The time limit will extend to a maximum of 5 days in extraordinary cases.
- Rejected referrals – referrals are not expected to be routinely rejected. The Directory of Service held within eRS will be regularly updated and refined to ensure that referrers have the information they need to refer to the correct service. If a referral is rejected, information will be provided to the GP/referrer explaining the reasons why. The Managers will audit rejected referrals on a regular basis and provide solutions for thematic issues.

## 4. WAITING LIST GUIDANCE

### 4.1 Waiting list

For those patients requiring treatment, this is the final stage of the 18 week RTT pathway. On the date of treatment, the clock stops for that RTT pathway. The patient will have waited no longer than 18 weeks from the point of referral unless it is clinically appropriate or the patient has chosen to do so and this will be recorded. It is the expectation that only patients who are fit and available for potential surgery will be referred to the Surgical Centre. The decision to add patients for their operation will be made by the Consultant after their assessment. Patients will only be booked in for the operation if there is an expectation of treating them, and when the patient has accepted the clinician's advice on elective treatment. The patient will be added to the waiting list by the admin team. Patients will not be added if:

- They are unfit for the procedure (e.g. they need to lose weight);
- They are not ready for the surgical phase of treatment;
- There is no serious intention to treat them;
- The procedure is not currently available or funded within the Surgical Centre;
- They are not referred in line with the CCG's procedures of non-clinical benefit document.

#### 4.2 Required patient information

The following information will be requested from the patient when they have been assessed:

- Confirmation of the patient's address, postcode, contact telephone numbers (home/mobile and work) and registered GP;
- Availability to come into hospital at short notice (less than 48 hours) if a cancellation occurs and the patient has not already received an admission date. Patients must not be disadvantaged if after agreeing short notice availability they are unable to come in at short notice i.e. the waiting time will still be calculated from the original decision to admit;
- Any special circumstances requiring longer notice than usual for admission (e.g. caring for elderly relative, transport arrangements etc.);
- Any dates when the patient will not be available for admission e.g. booked holiday, etc. these dates will be recorded as patient requested self-deferral periods. A patient information leaflet for the intended procedure should be given to the patient in clinic or included with their appointment confirmation letter.

#### 4.3 Determining priority - selection of patients for admission

Patients should be prioritised as follows:

- In order of clinical priority;
- Patients with the same clinical priority to be selected in chronological order according to the length of time they have been waiting since their original referral. With urgent patients, Consultants may also stipulate that the patient should be booked within a specific time span. This must be taken into account when scheduling a patient to come in.

#### 4.4 Reasonableness of offers of admission dates

National 18 weeks guidance on reasonableness for written and verbal offers states that a patient should be offered a minimum of two different dates with a minimum of three weeks' notice. Patients can be offered shorter notice dates but these are only deemed "reasonable" if the patient accepts the date. If the patient declines a short notice date, they must still be given the opportunity of a minimum of two different dates with a minimum of three weeks' notice.

Prior to admission:

- Patients will have their appointment date confirmed in writing by the Surgical Centre;
- The agreed date will be recorded on SystemOne.
- Patients may be asked to confirm their acceptance of the date by telephone or completing the appointment slip at the bottom of their appointment letter, once confirmed a 'c' will be recorded against their appointment on the appointment screen.

#### 4.5 Patients who are not fit for surgery

In most circumstances patients should not be referred unless they are fit, willing and able to access services and be treated within a maximum of 18 weeks. However some patients may become temporarily unfit for treatment after they have been referred. With patients who are deemed unfit for surgery the following pathways can be applied:

- If it is likely that the patient will be unfit for a significant period of time, the patient should normally be referred back to their GP/referrer. This would stop their 18 week clock.
- If the patient will only be unfit for a short period of time (e.g. chest infection), they can remain on the waiting list. In this scenario, their 18 week clock would continue to tick.

#### 4.6 Patient-initiated delays

Patients must be allowed to plan their treatment around their personal circumstances. Delays as a result of patient choice are taken account of in the tolerance of the incomplete pathway waiting time operational standard.

Patients who request to delay beyond our next available reasonable appointment should be recorded as a P6 on the waiting list and a due date added to record when the patient has stated they are available from.

Open ended delays should not be allowed. When choosing to delay, the patient must be able to give a date that they will be available from. In the event a patient is unable to provide a date, it may be more appropriate to return them to the care of their GP who will be able to re-refer the patients when fit and ready.

Patients wishing to delay in order to see how their condition can be managed or progresses before making a decision may be placed on a clock stop for patient initiated active monitoring. Common sense must be used in differentiating between this and short period of thinking time whilst the patient decided whether or not to go ahead.



Patients may delay treatment for up to 3 months following assessment but not exceeding 52 weeks from date of referral.

If delays extend beyond 3 months for hernia patients, a re-assessment must be arranged before booking to surgery. A re-assessment must be arranged after 6 months for a hand patient. Any delay requested must be documented in the patients SystemOne record and the responsible clinician informed if the patients' referral has been previously marked as urgent.

Patient requesting delay on more than two occasions in the same RTT pathways, should be advised to seek a re-referral from their GP when they are fit and ready to proceed.

All delays must be considered on a case-by-case basis.

Patient delays must be kept under regular review by the Admin Team.

#### 4.7 Failure to attend an operation date

Where a patient fails to attend on their operation date the patient will be offered another appointment. If the patient fails to attend their 2<sup>nd</sup> booked appointment, then they will be discharged back to the care of the GP/referrer unless it is demonstrated by the consultant that doing so will be detrimental to the patient care. If the patient is discharged, a letter should be sent by the Admin Team to the patient and their GP/referrer and their 18 Week clock will stop.

#### 4.8 Patients who re-schedule an operation date

Patients who cancel/re-schedule their first date for an operation, after originally accepting it should be offered an alternative date at (or as soon as possible after) the time of cancellation. This will not stop the 18 week clock. If a patient cancels an accepted appointment more than once then they should be removed from the waiting list. This will stop the 18 week clock. The patient will be informed verbally at the time of cancellation. In addition, a letter will be sent to the GP/referrer explaining the decision and their 18-week clock will stop.

#### 4.09 Cancellations on day of surgery

It is the expectation that no patient will be cancelled for non-clinical reasons by the hospital on day of the surgery or day of admission. However in extreme circumstances when they occur, patients must be given a new appointment date either within 28 days of the cancellation (as per the national standard) or before their 18 week breach date if this is shorter than 28 days.

#### 4.10 Patients listed for bilateral or for more than one procedure

Where a patient requires a bilateral operation, e.g. cataract removal procedures on both eyes, they should be added to the waiting list for the first operation only. After the first procedure, the patient may be added to the waiting list for the second operation once they are fit, willing and able to have the second stage of their treatment.

#### 4.11 Patients treated in the private sector or alternative NHS provider

If the Surgical Centre is unable to treat a patient within 18 weeks, the patient will be offered treatment at an alternative provider, either within the NHS or private sector. In all such instances, the Surgical Centre's Access Policy will continue to apply. At no time should the patient be removed from the Surgical Centre's waiting list until the procedure is completed at the alternative provider. The following should be noted:

- Transfer to alternative providers must always be with the consent of the patient.
- If a patient does not wish to be transferred, they will remain on the waiting list with the original decision to admit date and be admitted under normal arrangements ensuring compliance with NHS waiting times standards;
- In the event that cases are transferred by the Surgical Centre under a subcontract arrangement to another provider (e.g. private provider), the dates for completion of the work must be agreed in advance.

#### 4.12 Patient exclusions under waiting list management

There are some referrals that state that for clinical reasons intervention must not commence for a specified period (e.g. therapy input post heart attack). The 18 week referral clock will have already stopped for these patients and they are considered as exceptions in terms of waiting list management.

#### 4.13 Internal referrals

When a patient is referred for a particular service and requires a referral to another service for the same condition, an internal referral is made. If the patient has already received a treatment in the first service then the referral may initiate the start of a new 18 week pathway. However if the patient hasn't received a form of treatment, the 18 week clock will continue.

#### 4.14 Patient unable to complete a course of treatment

Where a patient has been referred or commenced a course of therapy for a particular condition and is unable to attend due to illness or hospital admission, they will be discharged if they are unable to forecast when they will be fit and able to attend. A letter will be sent to the patient and to the referrer recommending re-referral when fit and able to attend.

#### 4.15 Tertiary / inter-provider referrals

If a patient needs to be referred to another provider for the same condition, the 18 week clock is still running until treatment has taken place, irrespective of where that treatment takes place. All clinical transfer information (including the original date of the clock start) must be forwarded to the receiving provider within a maximum 48 hours. The Admin Team need to complete an inter-provider transfer form and send electronically to the relevant booking office.

### 5. ROLES AND RESPONSIBILITIES

Good practice determines that a clear distinction is drawn between the roles of staff responsible for meeting targets, and those responsible for reporting on performance (Audit Commission, 2003).

Having up to date policies and procedures in place, reliable, valid data collection systems and appropriate training for key staff is essential to the accuracy of referrals and waiting list information and management. Responsibility for achieving quality and performance indicators lies with the Management. The accuracy of the referral and waiting list information is the responsibility of all staff who, during the course of their work, have access to and responsibility for the upkeep of systems that hold referral and waiting list information.

#### 5.1 All staff

Waiting List Management and associated data quality is the responsibility of all Surgical Centre Staff. Staff who will implement this Access Policy will have an obligation to follow the policies and procedures recommended and to attend all training.

#### 5.2 The Surgical Manager

The Surgical Manager is the organisation's Responsible Officer for the Surgical Centre's Access policy and its associated procedures, waiting list accuracy and probity.

#### 5.3 Admin Lead

The Admin Lead has operational responsibility for ensuring that the Surgical Centre Admin Team adopts best practice and new guidance and has the IT infrastructure to support implementation.

The Admin Lead is responsible for ensuring that this policy adheres to the most recent Department of Health / NHS England Guidance on waiting list management and is available to all Surgical Centre staff.

#### 5.4 Clinical Director / Managers

The Clinical Director and Managers are key to ensuring that all administrative staff are aware of their responsibilities in ensuring the adoption of the processes and procedures in this policy. They are responsible for ensuring that the appropriate staff within their team are fully trained to implement the Access Policy. They are also responsible for ensuring that all clinical staff are aware of the guidance on best practice contained in this policy.

#### 5.5 Consultants and GP/ referrers

Consultants and GPs/referrers will have shared responsibility for the management of individual patients that is dependent on clear and timely communication between both parties regarding a patient's clinical condition and personal circumstances.

### 6. DOCUMENT CONTROL

#### 6.1 Publication

This policy will be accessible via the W drive.

#### 6.2 Access

Copies of policy documents should not be printed unless it is absolutely necessary, to reduce the risk that out of date copies may be in circulation. Requests for this policy in an alternative language or format (such as Braille, audiotape, large print etc) will be considered and obtained whenever possible.

### 6.3 Review process

This policy will be reviewed every two years.

## 7. DISSEMINATION AND IMPLEMENTATION

### 7.1 Dissemination and communication

This policy will be stored as an electronic document on the W drive.

### 7.2 Training and support

All staff who are involved in the 18-week referral to treatment process will receive appropriate training to ensure that they are fully aware of their responsibilities.