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Consulted With:	Post/ Approval Committee/ Group:	Date:
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Related Trust Policies (to be read in conjunction with)	13032 Pre-Operative Preparation Policy 09124 Cancer Services Clinical Operational Policy 04064 Safeguarding Children and Young People Policy 0-18 years 08034 Safeguarding Adults 12024 Private Patient Policy 09116 Caring for Adults with a learning Disability in the Acute Hospital

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6.0	Michelle O'Donnell ADO	Formal Review	16 August 2017
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6.2	Michelle O'Donnell ADO	Change to 4.81	5th October 2017
7.0	Elizabeth Podd	Full review	13th June 2019

Contents

1.0 Purpose, Aims, Scope and Governance

1.1 Statement of Purpose

1.1.1 The best interests of the patient are foremost and the Trust intends to ensure efficient and equitable handling of referrals in line with waiting time standards and the NHS Constitution. The Constitution sets out the patients' rights as an NHS patient. These rights cover how patients access health services, the quality of care they will receive, the treatments and programmes available to them, confidentiality, information and their right to complain if things go wrong. The constitution can be found by going to https://www.gov.uk/government/publications/the-nhs-constitution-for-england

1.1.2 The purpose of this policy is to outline the Trust and Commissioner requirements and operating standards for managing patient access to secondary care services for patients from referral to treatment, and discharge to primary care

1.1.3 The policy covers the processes for booking, notice requirements, patient choice and waiting list management for all stages of a referral to treatment pathway. Giving patients more choice about how, when and where they receive treatment is one that requires us to offer a more responsive service to our patients needs through quality assurance. The length of time a patient waits for hospital treatment is an important quality issue and is a visible public indicator of the efficiency of the hospital services provided by the Trust.

1.1.4 This policy provides the basis for giving patients equitable access to health care, whilst applying agreed rules and conditions that will help facilitate the delivery of National targets and local contractual requirements. All targets defined within this policy are in line with National standards. The Trust will ensure that the management of patient access to services is transparent, fair and equitable and managed accordingly to clinical priority. The policy will be applied consistently and without exception across the Trust to ensure equity amongst its patients whilst taking account of their clinical need.

1.1.5 This policy applies to all clinical prioritisation and administration processes relating to patient access, including outpatient, inpatient, day case, therapies and diagnostic services. Treating patients, delivering a high quality and efficient service as well as ensuring prompt communication with patients are core responsibilities of the hospital and the wider local health community

1.1.6 This policy should be adhered to by all staff within the Trust who are responsible for referring patients, managing referrals, adding to and maintaining waiting lists for the purpose of progressing a patient through

their treatment pathway.

1.2 Aims

1.2.1 The Patient Access Policy aims to:

- Establish a clear and consistent approach for patient access by defining the means by which patients may be referred to Trust services.
- Describe how the Trust will manage access to its services and ensure that the pathway to treatment is fair for all and is compliant with the 18-week Referral to Treatment (RTT) rules.
- Ensure that patients receive treatment according to their clinical priority; both suspected cancer patients and routine patients with the same clinical priority are treated in chronological order, thereby minimising the time a patient spends on the waiting list and improving the quality of the patient experience.
- Support the reduction in waiting times, reduction in cancelled operations and the achievement of relevant waiting time targets.
- Improve the patient experience by reducing DNA's (Did not attend) and cancellations.
- Provide a framework by which the administration of waiting lists and bookings will be managed.
- Ensure that all information relating to the number of patients waiting, seen and treated is accurate and recorded on the EPR system (Patient Administration System) and Somerset Cancer Register (SCR) for suspected cancer patients.

1.3 Scope

1.3.1 This policy applies to adult patients 16+. Children & Young Peoples access is managed separately.

1.3.2 This policy only applies to the management of elective episodes of care. For the management of Cancer pathways and access standards please refer to the "Cancer Services Clinical Operational Policy"; register number 09124.

1.3.3 All patients referred into a consultant-led service (except those on a cancer pathway) must be seen, diagnosed and treated within 18 weeks from Referral to Treatment (RTT).

1.3.4 Wherever possible the principles for patients on an 18 week pathway, partial and full booking will be applied and patients will be encouraged to agree their appointment and admission dates and times in advance of their booking arrangements. Where possible this will be in line with national recommendations for good practice which specify the notice period to patients for these arrangements should be a minimum of 3 weeks with a choice of two dates offered.

1.3.5 The Trust will therefore expect referring clinicians to alert their patients to the appropriate pathway rules before the referral is made and will further highlight to their patients the importance of being available for any appointments, tests and admissions that may be required along the pathway. Full booking applies to any new patients contacted and booked within 48 hours of their referral into the Trust and to urgent priority patients. It also applies to any patient who agrees the booking of their follow-up appointment when they leave the department after their clinic appointment.

1.3.6 Wider and more detailed information on procedures is available through a range of patient information leaflets produced by the Trust.

1.4 National Operating Standards

1.4.1 The national reported target for elective pathways is that 92% of open pathways will be under 18 weeks

1.4.2 That no patient will wait any longer than 6 weeks for a diagnostic test or procedure from the date the decision is made.

1.5 Monitoring of compliance

1.5.1 Compliance to this policy will be reviewed through a random audit of patient pathways. This audit will occur at least once per quarter, where at least 50 patient pathways will be reviewed and validated to ensure consistency of policy application.

1.5.2 The overarching patient access metrics (such as the 18 week standard compliance and performance) will be formally reviewed and challenged as follows:

- Twice per week at operational / patient detail level in the 18 week / Elective Care meeting.
- Once per month at the access meeting in collaboration with the CCG, accountability meetings with the Executive board and the Trust Board itself.

1.6 Reporting Breaches of the Policy

1.6.1 Any Patient who waits in excess of 52 weeks for their first definitive treatment will be assessed in line with the 'RTT 52 week Harm Review Standard Operating Policy'.

1.7 Implementation and Communication

1.7.1 Following ratification the policy will be uploaded to the intranet and website. The author is responsible for notifying all key implementers.

1.8 Duties and Responsibilities

1.8.1 Everyone involved in patient access should have a clear understanding of his or her roles and responsibilities. This policy defines those roles and responsibilities and establishes a number of good practice guidelines to assist staff with the effective management of patients requiring outpatient, diagnostics, in-patient and/or day case treatment.

1.8.2 The Chief Executive has overall responsibility and accountability for delivering access targets as defined in the NHS Plan, NHS Constitution and Operating Framework.

1.8.3 The Chief Operating Officer has delegated accountability for the delivery of all waiting time standards of care.

1.8.4 The Associate Director of Operations for Performance is responsible for the monitoring and delivery of the elective care performance for the Trust.

1.8.5 All Associate Directors' of Operations are responsible for ensuring that the clinical directorates deliver the activity required to meet National and locally agreed standards.

1.8.6 Service Managers are responsible for the local monitoring of performance in the delivery of the RTT, ensuring specialties deliver capacity to meet activity demands and sustain the activity levels required to meet standards.

1.8.7 Hospital Consultants and Clinical Nurse Specialists have a shared responsibility with their Service Managers for managing their patients waiting times in accordance with the maximum guaranteed waiting time for patients on an 18 week and suspected cancer referral to treatment pathways.

1.8.8 Patient Access Teams - The contact centre is responsible for arranging appointments and for carrying out the procedures for the administration of the patient's referral and for entering all information onto the EPR system accurately. They are responsible for ensuring waiting lists are managed to comply with this policy.

1.8.9 All staff will ensure that any data created, edited, used, or recorded on Trust IT systems within their area of responsibility is accurate and recorded in accordance with this policy and other related Trust policies (such as Information Governance).

1.9 Policy Development

1.9.1 The Associate Director of Operations for Performance is responsible for ensuring this policy remains current and reflects any changes in national guidance.

1.9.2 Any significant changes to the impact of the policy (i.e. excluding significant changes to the presentation of the policy) will be agreed and ratified with the CCG.

1.10 Policy Delivery

1.10.1 It is the responsibility of the Clinical Directors and Associate Directors of Operations to ensure that all staff within their Specialty is aware and comply with this policy.

1.10.2 It is the responsibility of the Head of Outpatients and Patient access to ensure that the Outpatient and Patient Access teams comply with this standard and maintain consistently high data quality.

1.10.3 The Patient Access team will monitor Data Quality and undertake audits to ensure compliance with this policy.

1.11 Standard Operating Policies for Outpatients and Patient Access

1.11.1 All standard operating policies and procedures for Outpatients and Patient Access are stored in the following place: http://meht-intranet/documents/trust-policies/trust-policies-by-divisions/division-5/

2.0 Principles of the Access Policy

2.1 Overview

2.1.1 Patients will be treated in order of clinical priority, and then in chronological order to ensure equity of waiting times. All patients will be managed according to clinical urgency, and within the operating standard. An admitted pathway is a patient who will have an admission to hospital, as either a day case or as an inpatient to receive their first definitive treatment. A non-admitted pathway is a patient who receives their first definitive treatment in outpatients i.e. a prescription for medication to treat the referred condition.

2.1.2 The Trust must take great steps to ensure the safety of vulnerable patients (children and vulnerable adults, including those in prison). In all cases clinical review should be undertaken before any removal from the waiting list (for a reason other than treatment). The clinician should always be made aware if the patient is a child or a vulnerable adult to be able to fully assess the best interests of the patient.

2.1.3 We will keep patients fully informed throughout their journey. This will include (but is not limited to):

- Writing to the patient and their GP regarding the reasons for any waiting list cancellation or discharge.
- Writing to the patient to inform them that they have been placed on a planned waiting list, the rationale and their expected admission date (EAD).
- All offers, including rejected ones, must be entered and recorded on the EPR system as they are made.
- Once a waiting list entry is closed, this should only be reinstated on an exceptional basis. This will first require approval by the Patient Access Manager, Outpatient Manager or the Head of Patient Access. If a patient changes their mind regarding going ahead with surgery, or is now deemed fit for surgery (following a period of unfitness for which their clock was stopped), a new waiting list entry should be created.
- For any procedure that requires funding, funding must be granted prior to the patient being added to the waiting list.
- After a clock stop for any Reason Other Than Treatment (ROTT), any patient can self-refer back to MEHT within 8 weeks for treatment of the same condition. This will start a new clock from the day the patient contacts the Trust. A clinical decision will then be taken regarding their treatment (i.e. if they require a review OPD appointment before proceeding to the next stage of treatment).

2.2 Method of Referral

2.2.1 **Electronic Referral System (ERS).** From June 2018 the only route of Referrals from GPs will be via ERS. The referral letter will be sent as an attachment to the electronic referral within ERS. The clinical letter will be attached to the referral via the Electronic Referral Service (ERS), if not immediately, within 5 working days for routine referrals or 1 day for Fast Track referrals, of the creation of the Unique Booking Reference Number (UBRN).

2.2.2 A paper copy of the referral letter is therefore not required and should not be sent to the Trust. The recognised RTT start date in this instance is the date the UBRN is converted to an appointment by the patient and is done automatically on Lorenzo.

2.2.3 Clinicians should review, accept or reject referrals within 5 days of receipt of the e-referral letter appearing on their e-referral work list.

2.2.4 Clinicians are encouraged to nominate a deputy to undertake review of e-referrals in their absence however, if this is not carried out patients will be booked a clinic appointment for attendance and must be seen.

2.2.5 Where a UBRN cannot be converted into a booking, it can be deferred to the Trust and become an Appointment Slot Issue (ASI). This happens in

real time and a slot must be found by the Trust so that it can be booked as soon as possible. Patients will be contacted within 2 weeks to inform them that the Trust is actively seeking an appointment for them.

2.2.6 The 18-week clock starts the day the UBRN was deferred to the Trust.

2.2.7 ASI lists are distributed from the Call Centre to specialties twice weekly.

2.2.8 Note:
E-referrals may only be rejected on clinical grounds; if an e-referral is rejected the GP/CAS (Clinical Assessment Service) will, in turn, notify the patient.

2.2.9 Referrals may be categorised as Routine or Urgent. Routine referrals will be booked within through ERS as described in this section above. Referrals marked as Urgent by the referring clinician will be booked within six weeks of receipt of the referral. Urgent referrals are to be reviewed by the receiving clinician to confirm the required timescale of booking.

2.3 **Non GP Referrals** referral letters from Allied Health Professionals, Optometrists and Dentists should be emailed to the Call Centre where a hospital service is not available via the e-Referral System. Submission of the full set of patient demographic details is required including home, work and mobile numbers. This will be the only route into the Trust for non GP referrals.

2.3.1 Unless clinically necessary, referrals should not be addressed to a named Consultant as this could create an unnecessary delay with the processing of the referral.

2.3.2 All referral letters must be date stamped and registered on Lorenzo on receipt. The clock start date recorded on Lorenzo will be the date the referral letter is received by MEHT.

2.4 **Clock Starts**

2.4.1 In most cases, the patient's clock starts from the date the hospital receives a referral to a Consultant-led service. A clock will also start if the patient has been referred to an interface service, 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.

2.4.2 Some services may accept self-referrals from patients. This may include:

- A patient who has self-referred within 8 weeks following a previous discharge;
- A patient who has previously declined or requested a delay to treatment, where a process for re-commencement of their pathway

has been agreed.

2.4.3 Where appropriate a patient self-referral would also start a RTT clock.

2.4.4 Referrals that **do not start a clock** include referrals to antenatal services, obstetrics, healthcare science or mental health services that are not medical or surgical consultant-led (including multi-disciplinary teams and community teams run by mental health trusts), irrespective of setting. Referral to Diagnostic services if the referral is not part of a straight to test arrangement
i.e. open access endoscopies.

2.4.5 On completion of one RTT period, a new RTT waiting time clock will start:

- When a patient becomes fit and ready for the second of a bilateral procedure;
- Upon a decision to start a substantively new or different treatment plan that does not already form part of the patient's agreed care plan;
- 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 nullified their earlier clock.

2.4 Reasonable Offers

2.4.1 A reasonable offer is defined as an offer with at least 21 days' notice from the date of offer to the date of appointment. Alternatively, an offer is considered reasonable if a patient verbally accepts the offer of an appointment with less than 3 weeks' notice.

2.4.2 If a patient verbally accepts a short notice appointment, they must be made aware that this will be recorded as a reasonable notice and accepted appointment.

2.4.3 If a patient declines 2 reasonable offers, the patient may be removed from the waiting list and referred back to the GP on advice from the responsible clinician.

2.5 Short Notice

2.5.1 Appointment slots that become available at short notice will be offered in the first instance to the next clinically urgent patient. If the slot cannot be filled by a clinically urgent patient then it will be offered to appropriate routine patients who have been waiting the longest and are willing to accept short notice.

2.6 Patients who are Un-contactable

2.6.1 A patient will be deemed as un-contactable after two attempts have been made to contact them, with at least 3 days separating the attempts, with at least one call being made after 17:00 on a weekday or at the weekend.

2.7.2 If the patient is un-contactable, a call in letter is to be sent to the patient requesting they contact us within 14 calendar days. If there is no contact, the patient will be removed from the waiting list and discharged back to their GP, providing the patient is not a vulnerable adult or child or on a cancer pathway.

2.7.3 Attempts will be made to confirm the correct contact details with the patient's registered GP before removing a patient who is un-contactable from the waiting list.

2.8 **Patients who Did Not Attend (DNA) appointments / TCI**

2.8.1 If the patient is a vulnerable adult or child or on an urgent or cancer pathway they must be given a second appointment unless a clinician has reviewed the patient's notes and agreed to discharge.

2.8.2 A DNA (Did Not Attend) is a patient that does not attend an agreed appointment (TCI, pre-op, diagnostic etc), where they were given reasonable notice of the appointment and did not let the Trust know of their non- attendance.

2.8.3 If the DNA was the first outpatient appointment and reasonable notice was given, and the referral is Routine, the patient will be discharged back to the GP and the clock nullified. For vulnerable adults and children the patient's notes should be reviewed by the clinician prior to decision to discharge back to GP.

2.8.4 Patients who DNA any appointment (after the 1st appointment), will need their pathway reviewed by the clinical team. In most cases the patient will be discharged with written notification to their GP, unless the Consultant or the clinician responsible for the clinic deems that there are clinical reasons for the patient to be offered a further appointment. If the patient is discharged due to a DNA, the GP and patient should be contacted by letter. The RTT clock is stopped from the date of the DNA. A new RTT clock would start if the patient is re-referred to the Trust.

2.8.5 If the GP or patient contacts the Trust and puts forward a valid reason to be reinstated on the waiting list, they can be reinstated on the waiting list at the discretion of the clinical team.

2.8.6 Valid reasons for a patient to DNA an appointment may include:

- Bereavement;
- Non-arrival of transport/interpreter, where responsibility for booking was with either the GP or the Trust;
- Period of unavailability of which the Trust had been advised but not noted;
- The patient is unwell and unable to contact the Trust.

2.8.7 Whenever a patient is kept on a waiting list following a DNA, the reasons should be recorded on the EPR system to aid future validation. At every opportunity, the patient should be made aware that if they DNA their

appointment is likely to lead to clinical review, which may lead to removal from the waiting list.

2.8.8 As with every aspect of waiting list management, divisions should exercise a 'common-sense' approach to applying the DNA policy, to allow for exceptional patient circumstances.

2.9 Patients Cancelling Appointments / TCI

2.9.1 This cancellation policy only applies to appointment dates that have been agreed by the patient, including short notice appointments which were accepted by the patient.

2.9.2 A patient may cancel their appointments as long as they give reasonable notice to the Trust which allows us to use their space for another patient.

2.9.3 Patient cancellations of appointments are deemed reasonable if:

- For an outpatient appointment (including pre-op and diagnostics) the patient contacts the Trust with 24 or more hours' notice of their appointment day and time;
- For an inpatient procedure (including day case procedures) the patient contacts the Trust with seven days or more notice of their procedure day and time.

2.9.4 Cancellation of any appointment with less notice than the above is deemed short notice. This may result in the inability to offer that appointment/TCI to another patient. On the day cancellation of a routine appointment by the patient should be actioned as a DNA.

2.9.5 Any patient who cancels two agreed appointments (either new or follow up) should be reviewed by the clinical team and a decision taken based on their individual circumstances. In most cases it is likely that the patient would be discharged back to their GP and their RTT clock stopped, unless there is a clinical reason to keep the patient on the waiting list. A letter will be sent to the patient and GP confirming the patient's discharge.

2.9.6 RTT clocks are never 'restarted' due to the patient cancelling multiple appointments. If the patient is discharged back to their GP, their RTT clock stops. If the patient remains on the waiting list, despite multiple cancellations, their RTT clock will continue to tick. The reason for either discharging the patient or for keeping the patient on the waiting list should be recorded on the EPR system.

2.9.7 At every opportunity, patients should be informed that repeatedly cancelling their appointment is likely to lead to the clinical review of their notes and may result in removal from the waiting list and discharge back to their GP.

2.9.8 Children under the age of 18 or vulnerable adults will be offered a further appointment.

2.10 Active Monitoring

2.10.1 The process of active monitoring (watchful waiting) stops the clock and accounts for periods of care without clinical intervention e.g. three monthly routine check-ups for diabetic patients.

2.10.2 Active monitoring is the clinical monitoring of appropriate patients in secondary care without treatment or further diagnostic procedures. This is appropriate when a patient makes a decision to be reviewed as an outpatient, or have an open appointment, without progressing to more invasive treatment.

2.10.3 Active monitoring (watchful waiting) can be initiated by either the patient or the clinician.

2.10.4 If after a period of active monitoring, a decision is made that treatment is now appropriate, a new pathway (new treatment plan), will start. The patient must receive treatment within a maximum of 18 weeks.

2.11 Clock Stops

2.11.1 Clock stops include (but are not limited to):

- A patient receives the first treatment for the condition for which they have been referred;
- Patients who decline two reasonable offers for any appointments;
- Patients who are clinically unavailable for a prolonged period and a clinical decision is taken that it is in the patient's best interests to be removed from the waiting list;
- Patients who are unavailable (for non-clinical reasons) for a prolonged period and a clinical decision is taken that it is in the patient's best interests to be removed from the waiting list;
- Patients who cancel two appointments throughout their pathway and a clinical decision is taken that it is in the patient's best interests to be removed from the waiting list.

2.11.2 Patients who DNA their appointment / TCI (following clinical review).

2.11.3 There are clock stops for non-treatment. The following are examples of patient clock stops for non-treatment reasons:

- The patient is returned to primary care as secondary care is not required i.e. the condition can be managed by their GP;A clinical decision is made to start a period of active monitoring (also known as watchful wait);
- The patient has declined the offered treatment;
- A clinical decision is made that treatment is not needed.

2.11.4 If there is a clinical or patient decision to stop the clock for non-treatment, a letter is to be sent to the patient and the patient's GP. When there is a clinical reason not to treat the patient at that stage and to refer the patient back to primary care for on-going management, this should be recorded

and will stop the clock.

3 Diagnostics

3.1 Requests for all diagnostics test must be made via the EPR electronic system or by an appropriate process set by each department.

3.2 When possible, patients that have been referred for a diagnostic test after being seen in the outpatient clinic should be able to book their diagnostic appointment before leaving the hospital.

3.3 The National maximum waiting times for Diagnostic investigations are:
- Cancer patients - 2 weeks;
- Urgent patients - 4 weeks;
- Routine request - 6 weeks.

3.4 If a patient is unable to book their diagnostic test prior to leaving the hospital, the patient must be contacted by telephone to agree a date. If the patient is not available on the first phone contact, there must be a second attempt to contact the patient the following day at a different time.

3.5 If the patient is still not available, an appointment letter (with date and time) will be sent to the patient. This must be within 24 hours for all urgent/cancer referrals and 48 hours for routine referrals. The letter will ask the patient to ring the department if the appointment is inconvenient.

3.6 A choice of 2 dates with 2 weeks' notice should be offered to patients where possible for routine diagnostic appointments. Dates offered must be recorded on all relevant systems.

3.7 Patients who cancel an offer of a diagnostic appointment date will be offered another date for their procedure within their RTT pathway.

3.8 The EPR system will be updated to reflect the cancelled appointment date.

3.9 Further dates should be offered to support patient choice and to accommodate the patient's required diagnostic test, within 6 weeks of the start of the diagnostic pathway. For cancer patients the appointment must be within 2 weeks.

3.10 If a further date cannot be agreed within the patient's target pathway, the patient will be referred back to the GP or referring clinician.

3.11 A further appointment will be offered to patients who cancel an agreed short notice appointment date (i.e. less than 2 weeks).

3.12 If a patient does not attend an agreed appointment that was offered with reasonable notice and a choice of date and time, the appointment will be

recorded as a DNA. The requesting clinician will be informed and will make a clinical decision whether the patient should be discharged and returned to the care of the GP (Excludes cancer patients).

3.13 If a patient cancels an appointment without reasonable notice, i.e. on the day of the procedure taking place, whether the patient is on an 18 week pathway or not, the cancellation will be recorded. After clinical review, the patient may be returned to the care of the GP and discharged (excludes cancer patients).

4.0 Elective Inpatients and Day Cases

4.1 Decision to Admit

4.1.1 Patients are usually only added to the elective waiting list if they are clinically ready (e.g. fit) and available for treatment/surgery. If they are not 'fit and available' the patient may be discharged back to their GP as a result of the pre-assessment clinical decision. The parameters that need to be met in order for the patient to be re-referred for surgery at a later date must be indicated. Once the parameters have been met the GP will refer back to the Trust and the patient entered directly onto the waiting list.

4.1.2 Where a decision to admit has been made, all patients should be added to an elective waiting list unless they meet the criteria of a planned patient (see section 4.2)

4.1.3 All waiting lists should be validated regularly by Divisional Teams, to ensure clinical safety; ensuring patients currently on waiting lists are fit and available for treatment. Teams must also ensure that the patients RTT data is accurate.

4.1 Planned Waiting List

4.1.1 Patients who are added to the waiting list for a planned procedure are outside the scope of 18 weeks. Planned, is an appointment/procedure or series of appointments/procedures as part of an agreed programme of care which is required for clinical reasons. This may be treatment to be carried out at a specific time or repeated at a specific frequency.

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

4.1.3 Patients should only be included on planned waiting lists if there are clinical reasons why the patient cannot have the procedure or treatment until a specified time.

4.1.4 When adding patients to the elective planned waiting list, the timescale specified by the Consultant is to be recorded under the expected admission date to ensure the patient is treated at the appropriate time. If the patient

has not been treated by the expected admission date, the patient will be placed on an 18 Week pathway with a clock start commencing from their expected admission date.

4.2.5 Patients awaiting bilateral procedures should be added to the Elective Waiting List for their first procedure only. On completion of the first procedure, a new RTT clock will commence when the patient becomes fit and ready to be added to the waiting list for their subsequent treatment.

4.2 Patients deciding about surgery

4.2.1 If a patient requires time to consider whether to go ahead with surgery, they will be given seven calendar days to make a decision. The Trust should contact the patient on day 8 to discuss their decision. If the patient does not want to proceed, the clinician should be informed of the discussion and a letter sent to the GP.

4.2.2 If a patient requires further time to make a decision regarding surgery, an agreement should be made as to how long the patient requires to make their decision. If the patient requests a period of 1 month or longer this should be discussed with the clinical team with a view to managing the patient through active monitoring until a clear treatment plan is agreed.

4.3 Pre-operative assessment

4.3.1 The majority of patients will complete a health questionnaire prior to being added to the waiting list. The Anaesthetic Assessment Unit (AAU) will decide from the completed health questionnaire whether an appointment is required. A decision will be made if the patient requires a Nurse-led or Consultant-led appointment

4.3.2 As a general principle, patients should not be added to the inpatient waiting list until they have been declared fit for surgery by the Anaesthetic Assessment Unit. If the patient is for a local anaesthetic procedure a decision will be made by the Consultant whether they need to attend for an AAU review.

4.3.3 Patients requiring pre-operative assessment should be seen and assessed within three weeks of referral

4.4 Removals from the Inpatient / Day Case Waiting List

4.4.1 **Unavailability -** patients should not automatically be removed from the waiting list because they are unavailable. If a patient becomes unavailable, the appropriate clinician through clinical review will decide:

- The clinical risk of the patient delaying treatment and remaining on the waiting list;
- If remaining on the waiting list, the appropriate time that the patient should be reviewed;
- If the patient should be removed from the waiting list and monitored in outpatients;
- If the patient should be discharged to their GP to enable monitoring

of their condition and re-referred when the patient is ready to commence treatment.

4.6 **Fitness**

4.6.1 A patient waiting for surgery, found to be unfit at pre-assessment, a clinic attendance or self-reported by the patient, must be reviewed by a responsible clinician.

4.6.2 If the patient cancels due to short term ill health (i.e. cough or cold) this should be treated as a normal hospital cancellation and the patient should be offered an alternative date. The 18 weeks clock will continue.

4.6.3 If the patient has a serious condition that may prevent the intended treatment, the patient should be removed from the waiting list. The patient and referring clinician should be informed. Any necessary outpatient appointments or tests should be booked. The 18 week clock will stop as the patient is currently unfit to proceed with treatment.

4.6.4 If the patient has an underlying condition that will prevent treatment but can be managed in primary care, the patient should be informed, removed from the waiting list and referred back to the referring clinician. The 18 week clock will stop.

4.7 **Hospital Cancellations of Operation on the day**

4.7.1 The hospital may have to cancel a patient's admission on the day, due to a variety of reasons for example: lack of available beds; unexpected absence of key staff; intake of emergency cases; patients deemed unfit for treatment/surgery.

4.7.2 The 18 week clock for patients cancelled on the day of surgery for non-clinical reasons will continue to tick. In addition, the 28 day rule will then apply. The patient must be admitted for treatment by their 18 week breach date or within 28 days of the cancellation, whichever is sooner.

4.7.3 If the patient is offered a date within the 28 days but declines, the date must be recorded on the EPR system. The patient will be offered the next available date that is convenient to the patient. This may exceed the 28 days.

4.7.4 If it is not possible to offer the patient a new date within 28 days with the relevant surgeon, an alternative surgeon and/or a suitable alternative provider (subject to suitability and fitness etc.), must be offered. This must be reported on the 28 day report with a plan for treatment and discussed at the weekly 18 week meeting.

4.7.5 There is a zero tolerance of cancer and urgent priority patients being cancelled more than once, and routine patients being cancelled more than twice' on the day of the operation for measures within the Hospital's control.

4.8 Hospital Cancellations of Operation before the day

4.8.1 The Service Manager, for the specialty, following discussion with relevant clinicians, and the Patient Access supervisor will select potential patients suitable to put on standby or cancel the day before surgery. The Patient Access Officers will contact the selected patients and inform the Consultant.

4.8.2 When it is necessary to cancel patients due to lack of beds, priority will be given to clinically urgent cases, patients that are on a 28 day rule and patients that have waited for 52 weeks or longer.

4.8.3 Any potential cancellation must be discussed with the Lead Manager for Theatres in the first instance. The Director for Operations will then be notified. In the event of a cancellation going ahead the Lead Manager for Theatres must inform the Patient Access Manager of the outcome.

4.8.4 The RTT clock will continue when the hospital cancels a patient's admission for non-clinical reasons.

4.9 Transfer of Patients

4.9.1 Patients Who Move Out Of the Area

4.9.2 When a patient moves out of area they may wish to transfer their treatment to a provider closer to their new home.

4.9.3 If the patient chooses to remain on the Trust's waiting list there will be no change in the RTT status and the clock will continue to tick.

4.9.4 The clock will stop within MEHT when the Trust transfers the patient. The receiving Trust will honour the patients waiting time.

4.9.5 Transfer of Treatment to another Consultant

4.9.6 Occasionally it may be necessary to transfer a patient's treatment to another Consultant. (i.e. Consultant sickness/capacity). The Trust should seek permission from the patient to transfer their care to another named Consultant team. If the patient is in agreement, the RTT clock continues. The EPR system must be updated by adding the appropriate Waiting List Transfer.

4.9.7 If necessary, an outpatient appointment should be made within one month. This must be clearly documented in the case notes and on the EPR system. The RTT clock continues. If the patient declines this offer and no other Consultant team are able to perform the procedure, the patient should be informed and referred back to their GP/GDP. The patient should be removed from the Waiting List. This will result in a clock stop.

4.9.8 **Transfer between Waiting Lists within the Trust**

4.9.9 It may be appropriate to transfer a patient to an alternative Consultant team if the patient can be treated sooner than the current Consultant waiting time. If it is subsequently possible to treat the patient more effectively in an alternative manner (e.g. as day case instead of an inpatient), this may also require a transfer to an alternative Consultant.

4.9.10 If a transfer would result in treatment by a different Consultant, the patient has the right to refuse the transfer.

4.9.11 If the patient declines a transfer to the care of a different Consultant, their RTT clock will not be affected.

4.9.12 **Transfer to another NHS Provider/Private or Independent Hospital**

4.9.13 Patients may be transferred from the waiting list to an alternative provider for their treatment. The transfer must always be with the consent of the patient and the provider

4.9.14 Patients transferred on an 18 week RTT pathway to another provider, must have a MDS form completed by the medical secretary. The Inter-provider office will complete the transfer.

5.0 Procedures Requiring Funding from the CCGs

5.1 There are a number of procedures deemed of low priority or low clinical effectiveness. Any patient requiring these procedures, tests or interventions, must have confirmed funding (on an individual basis) from the CCG prior to booking the appointment. Lists of these procedures can be obtained from the Interprovider Office (IPO) or directly sourced from the CCGs website.

5.2 Any requests for funding must be actioned and logged through the IPO, a branch of the Trust contracts team. The following timescales, requirements and processes apply:

- The clinic letter and a copy of the waiting list form must be sent to the IPO within 5 working days of the clinic date;
- The Outpatient appointment outcome must be entered as “awaiting funding approval” (outcome code 20). The 18 Week clock will continue whilst funding is sought;
- Funding requests must be sent to the relevant CCG within two weeks (10 working days) from the clinic date to avoid any unnecessary waiting for the patients;
- The date the request for funding is made, will be logged on the IPO funding system.

5.3 If funding is approved the patient’s notes will be returned to the Admissions’ office for the patient to be added to the waiting list.

5.4 If funding is refused the patients notes will be returned to the Admissions office and the patient will be discharged. It is the CCG's responsibility to inform the patient if a funding request has been refused.

5.5 A reminder email will be sent to the CCG if by the third day the IPO has not received a response (as per the contract). If no response is received, the patient's notes will be returned to the Admissions office where the patient will be added to the waiting list.

5.6 If the CCG's request additional information from the GP, the patient will be discharged back to the care of their GP until funding has been agreed. The patient and the Consultant will be kept updated.

5.7 If it is decided that the funding request is to go to the CCG's funding panel, the patient will be discharged back to the care of the GP until the decision to approve is made.

6.0 Special Category Patients

6.1 Entitlement to NHS Treatment

6.1.1 The Trust has a legal obligation to identify patients who are not eligible for free NHS treatment. The NHS provides healthcare for people who live in the UK. People who do not normally live in this country are not automatically entitled to use the NHS free of charge – regardless of their nationality, whether they hold a British Passport or have lived and paid National Insurance contributions and taxes in this country in the past.

6.1.2 All NHS Trusts have a legal obligation to:

- Ensure that patients who are not ordinarily resident in the UK are identified;
- Assess liability for charges in accordance with Department of Health Overseas visitors Regulations;
- Charge those liable to pay in accordance with Department of Health Overseas Visitors Regulations;
- The Human Rights Act 1998 prohibits discrimination against a person on any ground such as race, colour, language or religion. To avoid accusations of discrimination, the Trust must ensure that everybody is treated in the same way;
- The Trust must check every patient's eligibility. An NHS card or number does not give automatic entitlement to free NHS treatment.

6.2 Patients Transferring from Private to NHS

6.2.1 Patients can choose to convert between NHS and private status at any point during their pathway without prejudice. Patients wishing to transfer from the private service to the NHS must be referred by the Clinician or their GP.

6.3 Patients Transferring from NHS to Private

6.3.1 NHS patients already on a waiting list opting to have a private procedure must be removed from the NHS waiting list. A new referral must be created, NHS to private with a waiting list entry as a private patient.

6.4 Ministry Of Defence Patients

6.4.1 All Ministry of Defence (MOD) referrals are sent to the Mid Essex Referral Centre and processed as other referrals. Priority will be given where GP's state that the patient is a war veteran.

6.5 Private Patients

6.5.1 If a patient has been seen privately, either in this Trust or at a private hospital, they may be referred to the NHS, by letter in the usual way from the consultant or their GP. The patient will enter the NHS service with a new clock at whatever stage they have reached in their pathway. It is important to ensure that the parameters of equity are observed and patients who have transferred from the private sector are not disadvantaged.

6.5.2 Private patients are recorded on the EPR system with the referral status PP for Private patient. The appointment type will be recorded as P for a new appointment or OP for a review appointment.

6.6 HM Prison Patients (HMP)

6.6.1 Patients from HMP are processed in the same way as any other manual referral. However, the Healthcare Department is contacted by telephone and the first convenient appointment is arranged in order to minimise the risk of cancellations.

6.6.2 When the prison cannot facilitate the prisoner appointment within an appropriate timeframe, adult safeguarding need to be involved to identify if a safeguarding referral is needed.

6.7 Overseas Visitors

6.7.1 An overseas visitor is a person not ordinarily resident in the UK. Ordinary Residency is defined as "living lawfully in the United Kingdom voluntarily and for settled purposes as part of the regular order of their life for the time being, whether of short or long duration" (Department of Health and Social Care, 2018).

6.7.2 Treatment is currently free at point of contact for all patients in an A&E department. However, once a patient is referred to an outpatient clinic, added to an elective waiting list or admitted as an emergency to a ward, this treatment is no longer free for an overseas visitor unless evidence can be shown that they:

- Own an EHIC (European Health Insurance Card);
- Are entitled to care under a reciprocal agreement;
- Have an appropriate visa entitling them to care.

6.7.3 All patients without exception should be asked 'Have you lived in the UK for the past 12 months on a properly settled basis'? They should be asked to provide evidence of residency in the UK to prove entitlement to free NHS treatment within secondary care. For example; a contract of employment if employed; utility bill; tenancy agreement or bank statement along with their passport or identification card for EU citizens.

6.7.4 The question must be asked of all patients at each point of contact within the Trust. This is the legal responsibility of the Trust and is therefore the responsibility of all who have first line contact with patients, if this is in outpatients or on a ward.

6.7.5 If a patient has not lived in the UK for the past 12 months or cannot provide evidence of residency the Interprovider Officer (IPO) must be contacted to interview the patient. This must be before treatment commences (unless this treatment is clinically urgent).

9.0 Equality Impact Assessment

7.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals. (Refer to Appendix 5)

8.0 References

Department of Health (2015) Referral to treatment consultant-led waiting times. Rules Suite. London: Department of Health

Department of Health and Social Care (2018) Guidance on implementing the overseas visitor charging regulations. Leeds: Department of Health and Social Care.

Appendix 1: Glossary and Definitions

18	18 week RTT (Referral to Treatment)	18-week Referral to Treatment (RTT) is the period of a consultant-led treatment from referral to treatment for non-urgent conditions.
A	Active monitoring	A patient's RTT clock may be stopped where it is clinically appropriate to start a period of monitoring in secondary care without a clinical intervention or diagnostic procedures at that stage. A new clock would start when a decision to treat is made following a period of active monitoring (in previous guidance known as watchful waiting). Where there is clinical reason why it is not appropriate to continue to treat the patient at that stage, but to refer the patient back to primary care for ongoing management, this constitutes a decision not to treat and should be recorded as such. This stops a clock.
	Active Waiting List Patients	Patients awaiting elective admission for treatment who are currently available to be called for admission.
	Admission	The act of admitting a patient for a day case or inpatient procedure.
	Admitted Pathway	A pathway that ends in a clock stop for admission (day case or inpatient).
B	Bilateral (procedure)	A procedure that is performed on both sides of the body, at matching anatomical sites. For example, removal of cataracts from both eyes.
C	Care Professional	A person who is a member of a profession regulated by a body mentioned in section 25(3) of the NHS Reform and Health Care Professions Act 2002.
	Clinical Decision	A decision taken by a clinician or other qualified care professional, in consultation with the patient and with reference to local access policies and commissioning arrangements.
	Consultant	A person contracted by a healthcare provider who has been appointed by a consultant appointment committee. He or she must be a member of a Royal College or Faculty. The operating standards for referral to treatment exclude non-medical scientists of equivalent standing within diagnostic departments.
	Consultant-Led	A consultant retains overall clinical responsibility for the service, team or treatment. The consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care.
D	Date Referral Received (DRR)	The date on which a hospital receives a referral letter from a GP. The waiting time for outpatients should be calculated from this date.

	Day cases	Patients who require admission to the hospital for treatment and will need the use of a bed but are not expected to stay in hospital overnight.
	DNA – Did Not Attend	In the context of the operating standards, this is defined as a patient who fails to attend an appointment or admission without prior notice.
	Decision to Admit	A clinical decision is taken to admit the patient for either a day case or inpatient procedure.
	Decision to Treat	A clinical decision is taken to treat the patient. This could be treatment as an inpatient or day case, but also includes treatments performed in other settings e.g. as an outpatient.
E	E-referral	A national electronic referral service that gives patients a choice of place, date and time for their first consultation in a hospital or clinic.
F	First Definitive Treatment	An intervention intended to manage a patient's condition, disease or injury and avoid further intervention. The treatment that constitutes First Definitive Treatment is a matter for clinical judgement in consultation with others as appropriate, including the patient.
	Fit (and ready)	A new patient pathway and clock should start once the patient is fit and ready for treatment. In the context fit and ready, the clock should start from the date that is clinically appropriate for the patient to undergo that procedure. This is also the date that the patient says they are available and will be for the foreseeable future.
I	Incomplete waiting time standard	This is the main operational standard. It is defined as, the number of currently open (or incomplete) pathways at any given time (i.e. the number of pathways open under 18 weeks against the number of pathways open above 18 weeks)
	Interface Service (non consultant-led	All arrangements that incorporate any intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care.
	Interface service	The operating standard relates to consultant-led care. Interface services are defined as being "all arrangements that incorporate any intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care**".** The definition of the term does not apply to referrals to "practitioners with a special interest" for triage, assessment and possible treatment. The exceptions are practitioners working as part of wider interface service type arrangements.
	Indirectly Bookable Services	Some provider services cannot be directly booked through E-referral, so patients cannot book directly into clinics from a GP practice. Instead they contact the hospital by phone and choose an appointment date. This is defined as an Indirectly Bookable Service.
	Inpatient	Patients that have been formally admitted into the hospital and into a bed.
N	Non-admitted pathway	A pathway that results in a clock stop for treatment that does not require an admission or for "non treatment".

	Non-Consultant Led	When a consultant does NOT take overall clinical care for the patient.
O	Operational Standards	The standards of treatment which we aspire to deliver for our patients. Often these are waiting time standards, used as a proxy for good clinical care. The core standard for elective care is the incomplete pathway standard.
P	Patient Tracking List (PTL)	The PTL is a list of all patients (both inpatients and outpatients) currently on an elective pathway of care
R	Referral Management or assessment Service	Referral management or assessment services do not provide treatment. They accept GP (or other) referrals and provide advice on the most appropriate setting/ treatment for the patient. Depending on the nature of the service they may, or may not, physically see or assess the patient.
S	Straight to Test	A specific type of direct access diagnostic service whereby a patient will be assessed and may if appropriate be treated by a medical or surgical consultant-led service. Responsibility is then transferred back to the referring health professional.
T	TCI (To Come In) date	The offer of admission, or TCI date, is a formal offer in writing of a date of admission. A telephone offer of admission should not normally be recorded as a formal offer unless it is confirmed with a letter (if time allows).
	Therapy	A decision is made by a consultant-led or interface service that therapy is the best way to manage the patient's disease, condition or injury to avoid further intervention. Therapy for example could be, physiotherapy, speech and language therapy, counselling or healthcare science(e.g. hearing aid fitting)

Appendix 2 – Patient Letter

Dear Patient

Important information about your treatment with us

There is some important information below about your treatment – which we aim to start within 18 weeks of your GP referring you – but first I would like to say thank you for choosing our Trust for your treatment. We hope your experience will show you made the right choice.

We will start your first treatment within 18 weeks

We aim to start your first treatment within, at the longest, 18 weeks from when your GP referred you to us. This means that if you need an operation, you will be admitted to hospital within a maximum of 18 weeks or, if your treatment can be given in an outpatient clinic, it will be started within that time. (Of course if your consultant decides that your treatment is needed urgently, it will be started much more quickly).

But we can only keep this promise with your help - you must make yourself available and attend appointments

During the time leading up to your treatment, it is vital that you are available for appointments, tests and treatment. Wherever possible, we will give you the opportunity to agree the date and time of your visits to make it easier for you to attend. However, if you are unable to attend an agreed appointment or come for your treatment, then please tell us straightaway so that we can offer that appointment to another patient. Your appointment letter explains how to contact us to do this. If you do not attend for your first appointment, you may be referred by us back to the care of your GP. If you need an operation, you must be fit and well enough to undergo that operation within 18 weeks of referral. If you may need an operation, your GP is likely to have already assessed your general fitness. If you are not fit enough to undergo surgery you will be returned to the care of your GP, until you meet the criteria to proceed.

We will try and avoid postponing your appointment wherever possible

There are occasions when we may have to cancel an appointment or your treatment, due to unforeseen circumstances. We try to avoid this at all times if possible, but if this happens we will contact you promptly to agree an alternative date.

The next steps in your care

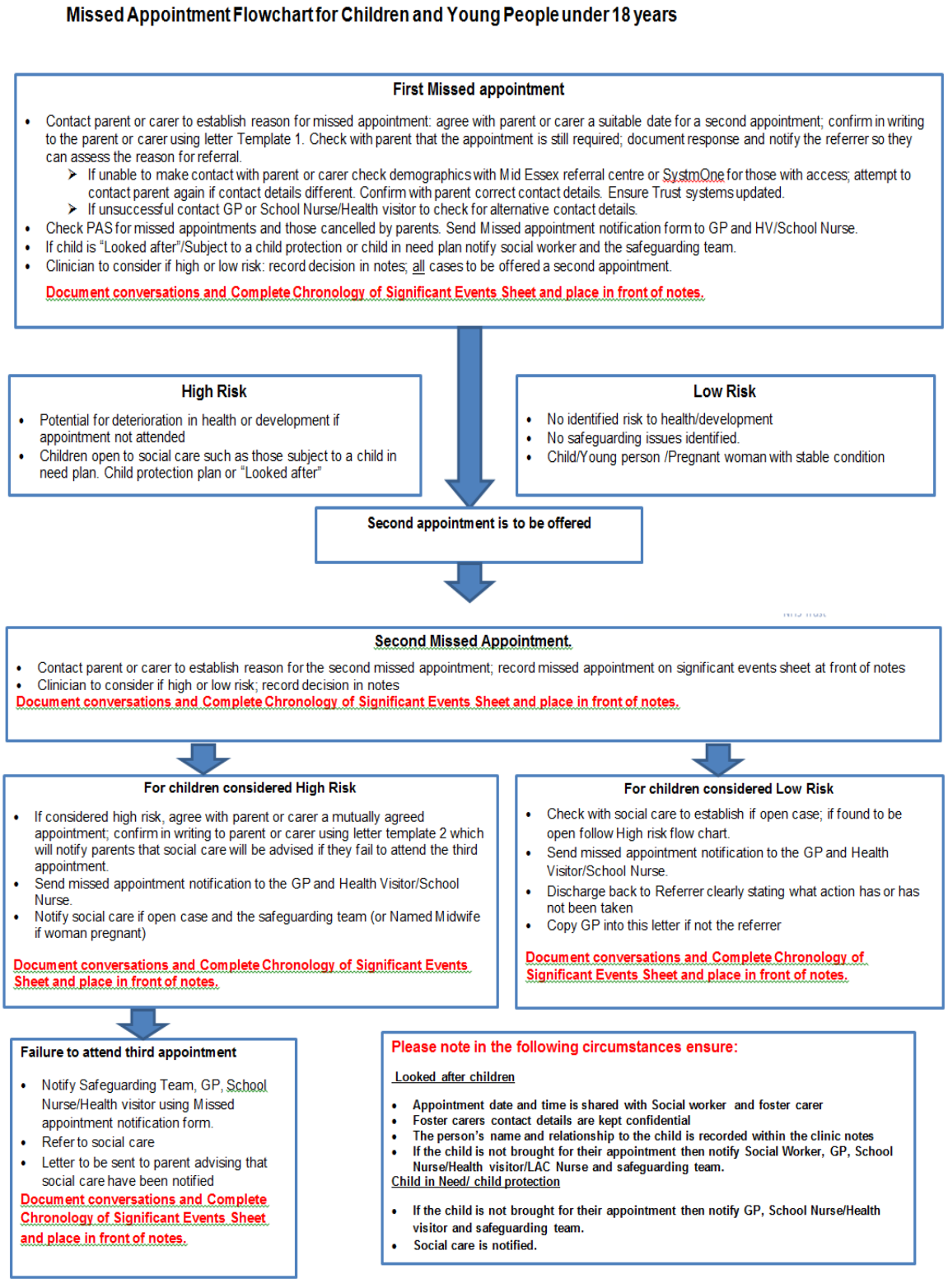
We encourage patients to be involved in their care. Please ask our staff about the next steps towards your first treatment when you come for appointments or tests. We also welcome any comments or suggestions you have about our services, as feedback from you helps us to improve our services for everyone. Finally, I welcome you to the hospital and hope that your experience of our services is as pleasant as possible.

Clare Panniker

Chief Executive

Appendix 3 Missed Appointment Flow chart for Children & Young People

From Managing Missed Appointments for Children & Young People 0-18 years Policy 16028



Appendix 4: Preliminary Equality Analysis

This assessment relates to:

A change in a service to patients		A change to an existing policy	**X**	A change to the way staff work	
A new policy		Something else (please give details)			

Questions	**Answers**
1. What are you proposing to change?	Full Review
2. Why are you making this change? **(What will the change achieve?)**	3 year review
3. Who benefits from this change and how?	Patients, operational staff and clinicians
4. **Is anyone likely to suffer any negative impact as a result of this change?** If **no**, please record reasons here and sign and date this assessment. If **yes**, please complete a full EIA.	No
5. a) Will you be undertaking any consultation as part of this change? **b) If so, with whom?**	Refer to pages 1 and 2

Preliminary analysis completed by:

Name	Elizabeth Podd	**Job Title**	Associate Director of Operations	**Date**	6/6/19