
Waiting Times and Patient Access Policy

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1		4	Executive Summary – additional items added clarifying “Did Not Attend” (DNA) guidance	05/05/2017
2		10	Update to Referrals received information	05/05/2017
3		11	Number of attempts made to contact a patient changed from 3 to 2 or more attempts	05/05/2017
4		13	Patient Does Not Attend – additional items added to provide guidance on how to apply in practice	05/05/2017
5		14	Inappropriate referrals wording revised	05/05/2017
6 7		Throughout	Update to key roles named within the policy	07/11/2019
7		7	Monitoring Compliance - updated to reflect current governance processes	07/11/2019
8		10	Reasonable Offer – updated to ‘at least one’ further offer instead of ‘one’ further offer	07/11/2019
9		Throughout	Updates to other policies and resources referenced within the policy	07/11/2019
10 (v2)	May 2020	7	Overarching statement added in light of Covid	May 2020

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Include details of when the document was last reviewed:

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1.3	24/10/2019	Information Sub-Group	Policy Steering Group	
2	May 2020	Sarah Howarth	Approval as part of the Covid-19 review of policies	Insertion of overarching Emergency Statement

SUMMARY OF POLICY

- In England, under the NHS Constitution, patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'.
- This document sets out the overall expectations of Solent NHS Trust and local commissioners on the management of referrals and waiting times. It sets out the responsibilities for staff and should be read in conjunction with the relevant clinical records system Standard Operating Procedures.
- The Policy states that all patients with similar clinical needs are treated in chronological order except where the clinical priority is stated as urgent.
- All patients should expect to start their treatment within a maximum of 18 weeks from referral unless otherwise directed by:
 - clinical urgency,
 - locally agreed waiting times – less than national standards,
 - National guidelines
- Details of 18 week breaches will be reported to the Performance Team and where Referral To Treatment (RTT) targets are breached will be reported to NHS Improvement; Solent NHS Trust's regulatory body.
- Veterans, reservists and active military personnel will be considered for priority treatment for conditions related to their military service, subject to clinical need.
- National waiting times standards applicable to Solent NHS Trust
 - 92% or more of patients should wait no longer than 18 weeks to start treatment.
 - 95% of patients waiting for an outpatient appointment should be seen within 18 weeks.
- Waiting list management
 - The waiting time clock for patients referred directly to a service or referral management centre starts on the day of receipt of the referral.
 - If the patient is referred on for another unrelated condition then a new pathway will start with the clock commencing when the new service receives the referral
 - If the referral is forwarded on to another Health Care Professional (HCP) in a different service for treatment of the same condition the clock continues from the original referral date
 - For patients referred via the e-Referral System (eRS) the clock starts on the day the patient books an appointment on-line or calls to make an appointment.
- Cancellations or 'Did Not Attend'
 - If the service cancels the appointment then patients must have a new appointment

offer within 28 days or before the waiting time breach date if sooner. There are some services i.e. Dental which may find it difficult to comply with this element of the Policy; for example where access to theatre space is restricted.

- Patients can cancel appointments up to the clinical start time. Every attempt must be
 - made to rebook the patient within the specific waiting time for that service. An alternative appointment will be offered at the time of cancellation. If the patient cancels a first appointment for a second time then the waiting time clock can be stopped using RTT Code 35 and restarted at the time the patient makes their next booking.

- Did Not Attend (DNA) is defined as a “patient failing to give notice that they will not be attending their appointment”. The waiting time clock will be stopped for patients who DNA their appointment using RTT Code 33. The waiting time clock will be restarted when the patient contacts the service to book a new appointment.

- If the patient does not contact the service to re-book their appointment the service should make multiple attempts via at least two or more methods (eg home phone, mobile phone or letter) to contact the patient over a minimum period of 10 working days. If the patient has still not engaged with the service then the patient can be discharged back to the GP.

- If the patient self-referred then the patient can be discharged but the patient and GP must both be notified.

- For domiciliary visits where a patient is not at home; 2 or more reasonable attempts must be made to engage with the patient. If contact with the patient cannot be made then the GP may be notified to request further support.

- Vulnerable adults and all children who did not attend will be considered on a case by case basis by the service to ensure that they continue to receive treatment and are not disadvantaged in any way. Staff should refer to their service line Did Not Attend or Was Not Brought protocols for more information.

- These protocols have been written in response to lessons learnt following SI’s (Serious Incidents) and complaints. All services are different so practitioners should use their knowledge of their patients and clinical judgement to determine reasonable endeavours when following up patients after a DNA. The guidelines above serve as a minimum guide to best practice.

- This Policy applies to all Service Lines within the Trust but there are specific services where compliance with all the details included in this Policy will be difficult due to the nature and specification of the service.

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WAITING TIMES AND PATIENT ACCESS POLICY

Staff are expected to adhere to the processes and procedures detailed within this policy. During times of national or 'Gold command' emergency Solent NHS Trust may seek to suspend elements of this policy in order to appropriately respond to a critical situation and enable staff to continue to work in a way that protects patient and staff safety. In such cases Quality Impact assessments will be completed for process changes being put in place across the organisation. The QIA will require sign off by the Solent NHS Ethics Panel, which is convened at such times, and is chaired by either the Chief Nurse or Chief Medical Officer. Once approved at Ethics panel, these changes will be logged and the names/numbers of policies affected will be noted in the Trust wide risk associated with emergency situations. This sign off should include a start date for amendments and a review date or step down date when normal policy and procedures will resume.

1. INTRODUCTION & PURPOSE

- 1.1 This policy applies to all Solent NHS Trust scheduled care services and the 18 week referral to treatment pathway for Consultant-led and Allied Health Professional (AHP)-led services.
- 1.2 The document reflects current national standards and data definitions as published by NHS England.
- 1.3 This policy will form the reference for all other guidelines and subsequent documents for the management of patient care pathways.
- 1.4 Patients should expect to start their treatment within a maximum 18 weeks of referral unless otherwise determined by clinical urgency, contractual commitments or national guidelines.
- 1.5 The Access Policy has been developed to ensure that Solent NHS Trust delivers a consistent, equitable and fair approach to managing referrals in line with the NHS Operating Framework and the NHS Constitution.

2. SCOPE & DEFINITIONS

- 2.1 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and equal opportunities for users of services, carers, the wider community and our staff.
- 2.2 This Policy outlines the Trust's and Commissioner's operating standards (as stated in Referral to Treatment Consultant-led Waiting Times Rules Suite – October 2015) for managing timely patient access to community services from referral to treatment, as well as discharge to primary care.
- 2.3 The Trust, through service line management teams, will ensure all staff responsible for referring patients, managing referrals, adding to and maintaining waiting lists for the

purpose of progressing a patient through their treatment pathway; understand access standards and offer appointments within nationally or locally agreed timescales.

- 2.4 Appendix B – RTT Codes and Definitions and Appendix C – RTT 18 Week Flow Chart provide an “at a glance” summary of RTT rules.

3. PROCESS/REQUIREMENTS

3.1 National Operating Standards

- 3.1.1 All patients must be seen within 18 weeks from referral or sooner, in line with the NHS Constitution.
- 3.1.2 The following national operating standards apply for consultant-led services:
- Incomplete pathways: waiting times for patients waiting to start treatment. 92% of patients on an incomplete pathway to be waiting no more than 18 weeks from referral
 - Non-admitted pathways: waiting times for patients whose treatment started during the month and did not involve admission to hospital. 95% of non-admitted patients will receive their first definitive treatment within 18 weeks of their referral. For some services this may be a new patient assessment, education session, virtual ward, clinical, general assessment or other contact where the service is consultant-led.
 - Admitted Pathways: Waiting times for patients whose treatment started during the month and involved admission to hospital. 90% of admitted patients will receive their first definitive treatment within 18 weeks of the referral. This standard is not applicable to Solent NHS Trust.
- 3.1.3 The Trust is monitored by NHS Improvement and NHS Digital on the number of breaches of the national RTT 18 week pathway and locally by commissioners for compliance with locally agreed waiting time targets.
- 3.1.4 As a general principle, the Trust expects that before a referral is made for treatment, the patient is both clinically fit for assessment and possible treatment of their condition, and ready to start their pathway within two weeks of the initial referral. The requirement for pre-referral diagnostics will be service specific and set at a local level. The Trust will work with the local health care community to ensure patients understand this before starting an elective pathway. However clients attending some services; e.g. for a CAMHS assessment may not always be clinically fit and may need to start their care straight away as an emergency.

3.2 Referrals

- 3.2.1 Referrals should be made to a service rather than a named clinician where possible.
- 3.2.2 Referrals must be registered on the clinical system on the day that they are received or if this is not possible back-dated to the day referral was received.
- 3.2.3 For NHS e-Referrals the clock starts on the date the patient books their appointment on-line (either at home or with their GP) or the day they call to make an appointment and give their unique booking reference number.
- 3.2.4 Where a referral goes initially to a Single Point of Access (SPA) service the patient’s clock starts on the date on which the SPA receives the referral.
- 3.2.5 For some services, triage will take place before the patient is seen. For those services where triage involves a face to face or telephone contact, but does not constitute the start of treatment then the clock will keep ticking until the patient receives their first definitive treatment or treatment plan.

- 3.2.6 Referral from one healthcare professional (HCP) to another for an unrelated condition may occur when the HCP identifies another condition requiring treatment by a different service. This will start a second waiting time period, which should be recorded as part of a separate patient pathway. The waiting time will start from the date the onward referral is received by the new service. The original clock may still be ticking if the patient has not yet received their first definitive treatment within the original service.
- 3.2.7 Patients may be transferred internally within the organisation under the same referral if being treated for the same condition. In this instance the clock will continue ticking from the date the referral was received into the organisation.

3.3 General Principles for Booking

- 3.3.1 All Patients must be seen in order of clinical priority and length of wait, whilst also complying with the requirements of the Armed Forces Covenant.
- 3.3.2 Patients have an opportunity to negotiate their appointment time.
- 3.3.3 A decision to accept a referral and add a patient to a waiting list must be recorded on the clinical systems within one working day or on the next working day following a weekend or bank holiday.

3.4 Clinical Duty of Care

- 3.4.1 The clinical duty of care for a patient will remain with the referrer until the patient is seen or consulted with at the first appointment.
- 3.4.2 If the patient's condition changes whilst they are waiting to be seen, it is the responsibility of the patient to contact their GP and/or notify the service. Clinical letters written to the patient should state the patients responsibility for keeping the service informed if their condition should deteriorate. Services should develop an individual service policy to manage patients on their waiting list.

3.5 Reasonable Offer

- 3.5.1 All offers of appointment dates made to patients must be recorded in the clinical records system at the time the offers are made.
- 3.5.2 A "reasonable" offer is a date that is 2 weeks from the time of the offer being made, except for services where the waiting time target is less than 6 weeks.
- 3.5.3 Patients who decline one reasonable offer must be offered at least one further reasonable date.
- 3.5.4 If two reasonable offers are declined for either a new or follow-up appointment then the patient can be discharged to their GP at the service discretion or the clock can be restarted from the date of the last appointment offered.
- 3.5.5 The aim of clinic and domiciliary admin bookings staff will always be to find a date appropriate for a patient's clinical priority and convenient to that patient. Therefore 2 or more attempts will always be made to contact every patient by telephone and the attempts will fall at different times and on different days. These contacts must be recorded accurately in the clinical records system. This is a guide to best practice only and practitioners should use their knowledge of their patients and clinical judgement as to what are reasonable endeavours in their service.

3.6 Patient Entitlement to NHS Treatment

3.6.1 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 United Kingdom. People who do not normally live in this country are not automatically entitled to use the NHS free of charge – regardless of their nationality or whether they hold a British Passport or have lived and paid National Insurance contributions and taxes in this country in the past or have an NHS number.

- Refer to Solent NHS Trusts Overseas Visitor Policy on SolNet
- Apply reasonable measures to ascertain whether a patient is eligible for treatment under the NHS

3.7 Patients requiring commissioner approval:

3.7.1 Non-Contractual Referrals (NCR) or Out-of-Area (OAT) referrals require funding approval from the Clinical Commissioning Group who are responsible for commissioning services for patients in their area. The Commercial Team must be informed in order that they can obtain commissioner approval prior to the patient being seen.

3.8 Clock Stops

- 3.8.1 A waiting time clock stops when the first definitive treatment starts. This could be:
- Treatment by an interface service
 - Treatment by a consultant-led service
 - Therapy or intervention that has been determined as the best way to manage the patient's disease, condition or injury
- 3.8.2 A waiting time clock stops for non-treatment when it is communicated to the patient, and referring practitioner, that:
- It is clinically appropriate to return the patient to primary care
 - A clinical decision is made to start a period of active monitoring
 - A patient decides to defer treatment having been offered it
 - A clinical decision is made not to treat
 - A patient DNA's their first appointment
 - A patient DNA's any other appointment and is subsequently discharged back to the care of their GP. The provider must demonstrate that:
 - The appointment has been clearly communicated to the patient
 - Discharge is not contrary to their best clinical interests
 - The best interests of vulnerable patients including all children are protected

3.9 Clinic/Domiciliary Cancellations

3.9.1 Any appointment cancelled by Solent NHS Trust will result in unnecessary delays to the patient's pathway and does not contribute to a positive experience for patients. Cancellations must be kept to a minimum and should only be for unforeseen reasons e.g. unexpected absence of a clinician. Patients affected by this must have a new appointment offer agreed within 72 hours of cancellation or as soon as practically possible.

3.9.2 It is expected that no patient will be cancelled by Solent NHS Trust on the day of appointment. In exceptional circumstances where cancellation is unavoidable, patients

must be offered a new date within 28 days (as per the national standard) or before their local specified target breach date if this is the earlier of the two dates.

- 3.9.3 A minimum of six weeks' notice of annual or study leave is required for clinic cancellation or reduction.
- 3.9.4 Clinics that require cancellation as a result of annual/study leave with less than 6 weeks' notice will require written approval by the Service Manager.

3.10 Patient Cancellations – Can Not Attend (CNA)

- 3.10.1 Patients are able to cancel their appointment before their agreed time and date without penalty.
- 3.10.2 For all new referrals, where the patient cancels an appointment, every attempt must be made to offer a new appointment within the specified target date for each service.
- 3.10.3 If the rebooked appointment entails a delay that makes it unreasonable or impossible for the services waiting time target to be met then the first clock is nullified and a new clock started at the point of rebooking the appointment. E.g. where patient is on holiday for 3 weeks.
- 3.10.4 An alternative appointment should be offered at the time of cancellation whenever possible.
- 3.10.5 The reason for cancellation should be recorded on the clinical records system and an alternative appointment offered.
- 3.10.6 If the next appointment cannot be accepted by the patient, then the waiting time clock should be restarted from the date that the offer was made.
- 3.10.7 If the patient cancels an appointment date for a second time then the patient can be either returned to the GP for re-referral or the patients waiting time clock can be restarted. This is at the discretion of the service.

3.11 Patient Does Not Attend (DNA)

- 3.11.1 DNA is defined strictly as a patient failing to give notice that they will not be attending their appointment. Patients, who give prior notice, however small, are not classed as DNAs and their clocks should not be stopped or nullified except in circumstances referred to at 10.9.7
- 3.11.2 Patients (with the exception of all children and vulnerable adults) who do not attend their outpatient appointments will have their existing waiting time clock stopped on the day of the appointment. A new clock start will commence on the day that the patient contacts the service to book another appointment.
- 3.11.3 If the patient does not contact the service to re-book their appointment the service should make multiple attempts via 2 or more methods (e.g. home phone, mobile phone or letter) to contact the patient over a minimum period of 10 working days. If the patient has still not engaged with the service then the patient can be referred back to the GP.
- 3.11.4 If the patient self-referred then the patient can be discharged but the patient and GP must both be notified (if consent to contact GP has been granted).
- 3.11.5 For domiciliary visits where a patient is not at home; 2 or more reasonable attempts must be made to engage with the patient. If contact with the patient cannot be made then the GP maybe notified to request further support and/or consideration of safeguarding principles.
- 3.11.6 Vulnerable adults and all children who did not attend will be considered on a case by case basis by the service to ensure that they continue to receive treatment and are not

disadvantaged in any way. Staff should refer to their service line Did Not Attend or Was Not Brought protocols for more information. For the safeguarding of vulnerable adults please refer to the relevant protocol for each service line.

- 3.11.7 For the safeguarding of an adult at risk of harm or abuse, please refer to the Safeguarding Children, Young People and Adults at Risk Policy. The Care Act 2014, defined adults at risk as anyone over the age of 18 who has a need for care and support (whether or not Solent or the Local Authority is meeting any of those needs) and is experiencing or at risk of abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect.

3.12 Tertiary/Inter- Provider Transfers (IPTs)

- 3.12.1 Inter-Provider Transfers (IPTs) refer to patients transferred from one secondary care provider to another – or a tertiary referral. Upon receipt of the transfer the receiving provider will accept clinical and administrative responsibility for the patient.
- 3.12.2 The Trust will use the agreed Inter-Provider Transfer Administrative Minimum Data Set (IPTAMDS) form to communicate the relevant information about the patient's treatment status. (See Appendix D)
- 3.12.3 An IPTAMDS must be completed when:
- 3.12.4 The care of a patient on an RTT pathway transfers between healthcare providers. This includes transfer to and from independent sector providers where this transfer is part of NHS commissioned care.
- 3.12.5 Request for a clinical opinion that results in the patient's care being transferred to an alternative provider.
- 3.12.6 RTT pathways commissioned by NHS commissioners in England independent of location.
- 3.12.7 Out of Scope of the IPTAMDS:
- Non-elective care
 - Requests for opinion or diagnostics, where the care of the patient remains with the original service provider e.g. penicillin allergy testing
 - Other patients excluded from the 18 weeks monitoring arrangements
 - Community-based services

3.13 Correspondence

- 3.13.1 Appointment letters should contain the following details:
- Patient's full name
 - Patient's clinic number & NHS number
 - Date letter sent to patient
 - Date and time of appointment
 - Where to report on arrival
 - Who to contact to confirm, postpone or query the appointment date
 - Any other response required from the patient either by telephone (to a named individual) or on an enclosed response slip (with a business reply envelope)
 - What happens if the patient cancels or DNAs
 - Request for patients to bring evidence of their right to live in the UK to their outpatient appointment

- A statement highlighting patient's responsibility to contact the service and their GP should their condition deteriorate whilst waiting for their first appointment or visit.
- 3.13.2 The associated literature should contain any other information about the planned treatment.
- 3.13.3 Appointment letters must be sent to the patient within 24 hours of the appointment being booked or immediately following weekends and bank holidays.
- 3.13.4 A SMS text reminder message may be sent to mobile phone if applicable/requested by patient.

3.14 Inappropriate referrals

- 3.14.1 If a HCP deems a referral to be clinically inappropriate, the referrer should be contacted with an explanation of why. A clinical note should be added onto the clinical records system and where appropriate the GP should be informed.
- 3.14.2 If a referral has been made and the special interest of the HCP does not match the needs of the patient, the HCP should cross-refer the patient to the appropriate colleague where such a service is provided by the Trust and the referral amended on the clinical records system. The clock start date remains the same
- 3.14.3 Inappropriate NHS e-Referrals should be rejected back to the GP or re-directed, as necessary on NHS e- Referrals.

3.15 Military Personnel

- 3.15.1 Solent NHS Trust aims to be compliant with the Armed Forces Covenant. Service users identified as current service personnel, reservists or veterans are entitled to priority access for conditions associated with their time in the Armed Forces, subject to clinical need.
- 3.15.2 Family members of serving personnel, reservists or veterans will retain their relative position on any NHS waiting list if moving location due to the service person postings. Families frequently moving due to postings are responsible for informing their local GP, health visitor, dentist, school nurses and other services of their individual circumstances. Proactively informing these services before a move will ensure medical records are transferred and enable the continuity of any care and support that family members may receive.

3.16 Accessible Information

- 3.16.1 Accessible information is the term used to describe making information easier for anyone with a communication and/or information need. More details about the standard can be found at <https://www.england.nhs.uk/ourwork/accessibleinfo/>
- 3.16.2 Solent NHS Trust Clinical Records Systems allows the recording of patients' individual communication and/or information. Online information and awareness training is available for all staff to ensure that new guidelines are followed and that patients are provided with information in an appropriate manner

4. ROLES & RESPONSIBILITIES

- **Chief Operating Officers**
 - The Chief Operating Officers have overall responsibility for delivery of operational standards, including the Waiting Times and Patient Access Policy.

- **Head of Performance**
 - The Head of Performance will provide advice and support to all staff in the effective implementation of this policy and will be responsible for review of the policy.
 - The Head of Performance is accountable for the reporting of accurate information to Operational Directors, where available from Clinical Records Systems; monitoring performance against locally or nationally agreed targets and ensuring this is fed into appropriate operational and performance reports.

- **Service Line Operational Directors**
 - The accountability for effective implementation and adherence to this policy sits with Service Line Operational Directors
 - The Operational Directors are accountable for implementing the Access Policy, monitoring waiting list management and ensuring compliance with the policy.
 - The Operational Directors are accountable for ensuring that waiting time targets are monitored and delivered.

- **Head of Information Systems**
 - The Head of Information Systems is accountable for the maintenance of TPP SystemOne and other Clinical Records Systems on which waiting lists are held.

- **Data Quality Team**
 - The Data Quality Team is responsible for sending patient lists to services for validation of long waiters as part of the performance management process. This enables data quality issues to be identified and resolved prior to reporting.

- **Service Leads and Locality Managers**
 - Service leads and locality managers are responsible for ensuring data is accurate and the policy is complied with and are responsible for implementing this operationally
 - Where issues arise with any member of staff failing to comply with the policy, the issue will be resolved between the service manager and the individual concerned.

- **Waiting List Holders**
 - To maintain an up to date and accurate waiting list.
 - To enter patients onto waiting lists, or update a provisional waiting list entry to full entry, in a timely manner.
 - To ensure patients are given adequate notice and choice relating to appointment dates.
 - To enter full free text reasons for social pauses and cancellations onto the clinical records system.
 - To regularly validate waiting lists to ensure lists are complete and correct at all times.
 - To ensure the clinical records system is updated correctly and timely with any patient choice decisions.
 - To ensure the patient's appropriate waiting time status is accurately & timely recorded on the clinical records system.

All staff with access to and a duty to maintain referral and waiting list information systems are accountable for their accurate up keep.

All Clinical Staff

All clinical staff are responsible through their service managers for ensuring they comply with their responsibilities outlined in this document.

All staff with access to and a duty to maintain referral and waiting list information systems, are accountable for their accurate up keep.

5. TRAINING

- 5.1 Service Lines will be responsible for training relevant staff members in the details of this policy and any local processes.
- 5.2 Support and guidance on the application of the policy may be sought from the Head of Performance and Data Quality Team, if required.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 6.1 A copy of the Equality Impact Assessment is available at Appendix A.
- 6.2 The assessment finds that all patients referred for treatment by a general practitioner or other health care professional will be impacted by this Policy. The patient may be required to make decisions regarding appointment times but there is minimal risk that patients will be adversely affected.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 7.1 The Executive Board monitors performance against patient access targets on a monthly basis.
- 7.2 Performance Review Meetings receive monthly reports on performance against commissioned patient access targets and identifies and monitors where action is required to address under-performance.
- 7.3 The BI Production Team monitor Patient Pathway Data Quality reports to manage the quality of underlying data used for reporting patient access performance. Performance is reported to directors as part of the Trust Board Performance Report.
- 7.4 The Data Quality Team provide reports on long waiting times via Viewpoint to allow for self-service validity checking of information, where the relevant information is collected in the clinical system.

8. REVIEW

- 8.1 This document may be reviewed at any time at the request of either staff or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an

earlier review. This policy will remain in force until such time as a new one is formally agreed.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

9.1 Related Trust policies and protocols linked to this document are:

- Safeguarding Children, Young People and Adults at Risk Policy & related service protocols
- Guideline for Family Disengagement & Children Not Brought for Appointments and Standard Operating Procedures for clinical areas such as MSK, Cardiology, Diabetes etc.
- Overseas Visitors Policy Statement
- Was Not Brought Policy
- Equality, Diversity and Human Rights Policy

9.2 Other related documents are:

- Recording and reporting referral to treatment (RTT) waiting times for consultant-led elective care – October 2015, NHS England
- Allied Health Professional Referral to Treatment Revised Guide 2011
- NHS Data Standards and Information Standards Notifications
- NHS Constitution March 2013
- Department of Health Guidance on Implementing the Overseas Visitors Clinic Charging Regulations
- Armed Forces Covenant: Guidance and Support, January 2014 (updated 18th April 2016)
- The Care Act 2014

10. GLOSSARY

Active monitoring (also known as “watchful waiting”)	<p>A patient’s Referral to Treatment period may be stopped where it is clinically appropriate to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures at that stage.</p> <p>A new clock would start when a decision to treat is made following a period of active monitoring. This would not be a new referral – it will be a continuation of the initial referral.</p>
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 stay)
Allied Health Professional	<p>Allied Health Professionals are autonomous practitioners. All AHPs have four common attributes:</p> <ul style="list-style-type: none"> • They are, in the main, first contact practitioners; • They perform essential diagnostic and therapeutic roles; • They work across a wide range of locations and sectors within acute, primary and community care; • They perform functions of assessment, diagnosis, treatment and discharge throughout the care pathway, from primary prevention through to specialist disease management and rehabilitation.

Can Not Attend (CNA)	Patients, who, on receipt of reasonable offer(s) of appointment, notify the trust that they are unable to attend
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 (to a consultant) within diagnostic departments
Consultant-led	A consultant retains overall clinical responsibility for the service, team or treatment. The consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care.
DNA – Did Not Attend	In the context of the operating standards, this is defined as where a patient fails to attend an appointment/admission without any prior notice
Decision to treat	Where a clinical decision is taken to treat the patient. This could be treatment as an inpatient or day case, but also includes treatments performed in other settings e.g. as an outpatient
First definitive treatment	An intervention intended to manage a patient's disease, condition or injury and avoid further intervention. What constitutes First Definitive Treatment is a matter for clinical judgement, in consultation with others as appropriate, including the patient
Interface service (non-consultant-led interface service)	<p>All arrangements that incorporate any intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care.</p> <p>The operating standard/right relates to clinic/HCP-led care. Therefore, the definition of the term 'interface service' within the context of the operating standards does not apply to similar 'interface' arrangements established to deliver traditionally primary care or community provided services, outside of their traditional (practice or community based) setting.</p> <p>The definition of the term does not also apply to:</p> <ul style="list-style-type: none"> • Non HCP-led mental health services run by Mental Health Trusts. • Referrals to 'practitioners with a special interest' for triage, assessment and possible treatment, except where they are working as part of a wider interface service type arrangements as described above.
NHS e-Referrals	A national electronic referral service that gives patients a choice of place, date and time for their first outpatient appointment
Non-consultant led	Where a HCP's does <u>not</u> take overall clinical responsibility for the patient.
Pause/ clock pause	A clock may be paused only where a decision to admit for treatment has been made, and the patient has declined at least 2 reasonable appointment offers for admission. The clock is paused for the duration of the time between the earliest reasonable offer and the date from which the patient makes themselves available for admission for treatment.
Referral to Treatment period	The part of a patient's care following initial referral, which initiates a clock start, leading up to the start of first definitive treatment or other clock stop.
UBRN (Unique Booking Reference Number)	The reference number that a patient receives on their appointment request letter when generated by the referrer through NHS e- Referrals. The UBRN is used in conjunction with the patient password to make or change an appointment.
WNB (Was Not Brought)	Refers to DNA of children up to 18 years of age and adults at risk of harm and abuse

Appendix: A

Equality Impact Assessment

Step 1 – Scoping; identify the policies aims	Answer		
1. What are the main aims and objectives of the document?	To document the national standards and local rules for the management of patient pathways within the Trust.		
2. Who will be affected by it?	All patients who are waiting for treatment, investigation or guidance.		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Existing performance measures include national 18 week Referral to Treatment targets for elective and allied health professional pathways and local commissioner’s access targets as defined within Schedule 6 of the Standard Contracts.		
4. What information do you already have on the equality impact of this document?	None		
5. Are there demographic changes or trends locally to be considered?	N/a		
6. What other information do you need?	N/a		
Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?		X	
2. Can any group benefit or be excluded?		X	APPLIES TO ALL PATIENT GROUPS
3. Can any group be denied fair & equal access to or treatment as a result of this document?		X	
4. Can this actively promote good relations with and between different groups?		X	
5. Have you carried out any consultation internally/externally with relevant individual groups?	X		Policy agreed with Service Lines via Information Sub-Group and members of the current Policy Steering Group
6. Have you used a variety of different methods of consultation/involvement		X	Via email and face to face meetings
<u>Mental Capacity Act implications</u>			

7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)	X		Patients may need to make decisions about appointment times and when/if to notify the service of any deterioration in their condition whilst waiting to be seen
<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?	X		Department of Health Guidance Armed Forces Covenant
9. Are there any external implications in relation to this policy?		X	
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?		X	

If there is no negative impact – end the Impact Assessment here.

<u>Step 3 - Recommendations and Action Plans</u>	Answer
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	
<u>Step 4- Implementation, Monitoring and Review</u>	Answer
1. What are the implementation and monitoring arrangements, including timescales?	Already implemented, monitored annually.
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	Head of Performance
<u>Step 5 - Publishing the Results</u>	Answer
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	SolNet

****Retain a copy and also include as an appendix to the document****

Appendix: B

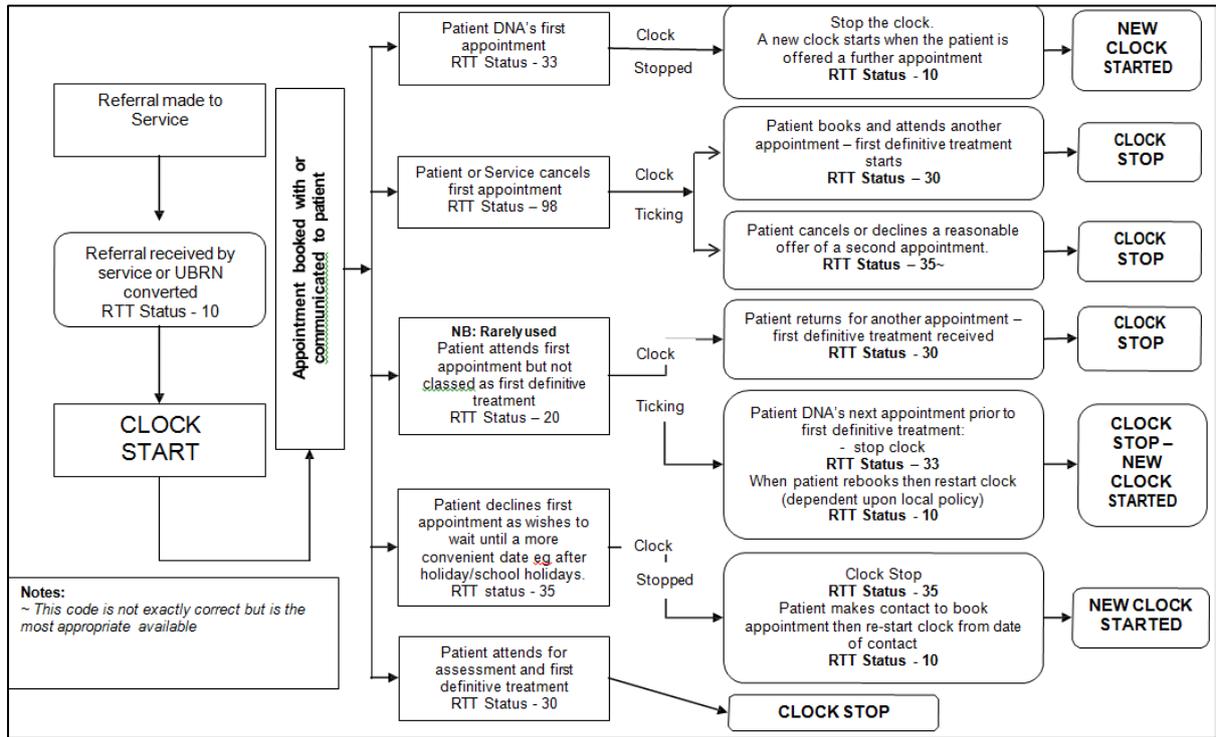
RTT codes and definitions

National Code	Treatment Status Description	Clock status	Definition and examples
10	First Activity	Clock start	Patient is referred to a care professional or service
11	New RTT period following active monitoring	Clock start	Use when patient has decided to proceed with treatment or the clinician has decided treatment is now appropriate after a period of active monitoring.
12	The first activity following a decision to refer on for a separate condition	Clock Start	Use to record the first activity following a decision to refer on directly to a clinician for a separate condition.
20	Second opinion or investigation	Clock ongoing	Use for anything that occurs in the pathway after the first activity on the pathway has taken place i.e. outpatient appointment or diagnostic test, but where first treatment has not yet started.
21	Refer to another provider for treatment	Clock ongoing	Use when a patient is referred to another Trust/HCP for the same condition. The referral should also be discharged.
30	First treatment started today	Clock stop	Use when the patient's first definitive treatment is given, whether this is as an inpatient, outpatient or community visit. Use this at the start of the treatment (not when treatment is complete).
31	Active Monitoring – Patient	Clock stop (not used)	Use this where the patient wishes to initiate activity monitoring. For example a patient may wish to initiate activity monitoring because they wish to see how well they can self-manage their symptoms.
32	Active Monitoring – Clinician	Clock stop (not used)	Use this where the clinician wishes to monitor the patient's condition over time. This occurs for example when the outcome of a clinic appointment is not to treat or request diagnostics but to review again in a number of months.
33	DNA 1st appointment	Clock stop	Use when a patient DNA's their first appointment/episode on a pathway and are NOT discharged.

34	Decision not to treat	Clock stop	Use if there is a decision not to treat – when either no treatment required at this point or if it is not appropriate to treat at this point.
35	Patient declined offered treatment	Clock stop	Use if a patient declines a treatment plan at any point e.g. for an extended holiday. Only stop the clock where a patient declines treatment having been offered it.
36	Patient died before treatment	Clock stop	Use if a patient has died before treatment has started.

Appendix: C

RTT 18 Week Flow Chart



<p>Is the patient eligible under the definition of an 18 Weeks RTT pathway?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (if no - do not complete items 18 - 21)</p> <p>If yes - is this referral part of an existing pathway or the start of a new pathway?</p> <p>Existing <input type="checkbox"/></p> <p>New <input type="checkbox"/></p>		17
<p>Unique pathway identifier (where available):</p> <p>Allocated by (organisational code):</p> <p>(Organisation that received the original referral that started the clock)</p>	<p>Clock start date:</p> <p>(Date the patient started on the existing pathway or the date of this referral if it starts a new pathway)</p>	18 19
<p>Date of decision to refer to other organisation:</p> <p>(Required for existing pathways only)</p>	<p>For existing pathways only:</p> <p>Not yet treated <input type="checkbox"/></p> <p>Treated <input type="checkbox"/></p> <p>Active monitoring <input type="checkbox"/></p>	20 21
Receiving Organisation details		
Receiving Organisation Name:		22
Receiving Clinician:	Receiving treatment function (specialty/department):	23 24
Date and time MDS sent:		25
FOR RECEIVING ORGANISATION		
Date/time received:		26