East Sussex Healthcare NHS Trust

Elective Care Access Policy

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Date Written:	August 2015
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Target audience:	Trust staff involved with RTT
CQC Fundamental Standard:	Person centred care
Compliance with any other external requirements (e.g. Information Governance):	National Cancer, Diagnostic and Referral to Treatment (RTT) standards for treatment
Associated Documents:	• Clinical Administration SOPs, • Operating Framework for the NHS in England 2015/16 • Department of Health – NHS Constitution: January 2009 • Priority Treatment for War Pensioners: Veterans' healthcare. • Raising Concerns Procedure. ESHT Policy Document Nov 2014 • National Imaging Board: Radiology Reporting Times, Best Practice Guidance. Nov 2012 Referral to treatment consultant led waiting times Rules Suite. October 2015 • Fast Track Access to Trust Clinical Services • NHS Improvement Elective Care Model Access Policy

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V0.1	Oct 2015	S Stoddart	Update against national changes in Policy	Multiple
V2	March 2016	S Stoddart	Armed Forces Covenant	Update and reference
V3	June 2016	S Stoddart	Feedback on Policy from NHS Elect and NHS Improvement	Removal of blanket clauses to provide clarity on application of RTT rules.
V3.2	March 2018	L Fellows S Stoddart M McKernan	Update and review	Reviewed policy and updated in line with national guidance
V3.03, 3.04 & 3.05	April/May 2018	J Byers	Reviewed	Changed layout in line with Model Access Policy

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
CCG	Commissioners	June 2015
IST	NHS support and consultation	July 2015
GPs from H&R and ESH	Patient representatives	July 2015
All Clinical Units	Providers of care	June/July2015
Cancer team	Providers of care	June/July2015
Clinical Admin Management Team	Administration of patient pathways	July/August 2015
Clinical Admin Management Team	Administration of patient pathways	May 2018
Performance Management Team	Overview of national guidance and policy interpretation	April 2019

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

Contents

Introduction

East Sussex Healthcare Trust (ESHT) is committed to promoting and providing services which meet the needs of individuals and does not discriminate against any employee, patient or visitor. This policy sets out:

- the rules and principles under which the Trust manages elective access to outpatient appointments, diagnostics and elective inpatient or day case treatment
- gives staff clear direction on the application of the NHS Constitution in relation to elective waiting times
- demonstrates how elective access rules should be applied consistently, fairly and equitably

This Policy has been developed following consultation with staff and clinical commissioning groups (CCGs). It will be reviewed and ratified every two years or earlier if there are changes to national elective access rules or locally agreed principles.

This Policy is intended to be of interest to and used by all those individuals within ESHT, who are responsible for referring patients, managing referrals, adding to, and maintaining waiting lists for the purpose of organising patient access to secondary care. The principals of the Policy apply to both medical and administrative waiting list management.

This Policy is underpinned by a comprehensive suite of detailed standard operating procedures (SOPs). All clinical and non-clinical staff must ensure they comply with both the principles within this Policy and the specific instructions within SOPs.

Purpose / Statement of Intent

The purpose of this Policy is to ensure all patients requiring access to outpatient appointments, diagnostics and elective inpatient or day-case treatment are managed equitably and consistently, in line with national waiting time standards and the NHS Constitution.

The Policy:

- is designed to ensure the management of elective patient access to services is transparent, fair, equitable and managed according to clinical priorities
- sets out the principles and rules for managing patients through their elective care pathways
- applies to all clinical and administrative staff and services relating to elective patient access at the Trust.
- how patients will be managed administratively at all points of contact within ESHT and includes outpatient, inpatient, day case, therapies and diagnostic services.

This Policy does not cover access to emergency or maternity services.

Key Principles

It is intended to ensure that the patient's best interests and wishes, according to clinical priority, are at the forefront of the way in which ESHT operates.

A choice of hospital is available for most patients and in most circumstances. Patients can choose which hospital they are seen in accordance with what matters to

them most, whether it is location, waiting times, reputation, clinical performance, visiting policies, parking facilities or other patients' comments. This choice is usually made at the point of referral.

ESHT will work to ensure fair and equal access to services for all patients ensuring it meets its obligations towards people who have had, or have disabilities under the Equality Act (2010).

ESHT will give priority to clinically urgent patients and treat everyone else in turn.

Active Serving and Veterans receiving their care from the NHS should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need. This Policy must be adhered to by staff within ESHT who are responsible for or involved in, making or managing referrals, adding to and/or maintaining waiting lists and booking appointments or admissions for the purpose of progressing a patient through their treatment pathway. Please refer to the Armed Forces Covenant for further information (see page 12).

Context

East Sussex Healthcare NHS Trust provides NHS hospital and community services throughout East Sussex.

We provide our services at two district general hospitals (Conquest Hospital and Eastbourne District General Hospital), community hospitals in Bexhill, Crowborough, Rye and Uckfield and a number of clinics and health centres, GP surgeries, schools and in people's homes.

Administrative framework

ESHT will monitor the patient pathway using Patient Administration System (PAS) functionality and Patient Tracking Lists (PTL), measuring the patient length of wait from referral to new outpatient appointment, diagnostic test, and treatment. Patients on a cancer pathway are also tracked using the Cancer Register and Patient Tracking List (PTL).

Every process in the management of patients who are awaiting treatment must be clear and transparent to the patients and partner organisations and must be open to inspection, monitoring and audit.

Clinical support departments will adhere to and monitor performance against agreed maximum waiting times for test/investigations within their department.

In accordance with training needs analysis, staff involved in the implementation of this Policy, both clinical and relevant administrative staff, will undertake training and regular annual updates provided by ESHT. Policy adherence will form part of the staff appraisal process where applicable.

Roles & Responsibilities

Although responsibility for achieving standards lies with the Divisional Directors and ultimately the Trust board, all staff with access to and a duty to maintain elective care information systems are accountable for their accurate upkeep.

Executive / Deputies

- The Elective Care Board (ECB), alongside the Divisional Directors are accountable for implementing the Elective Care Access Policy and ensuring compliance at specialty and department level.
- The Chief Operating Officer is accountable for ensuring that the waiting times targets specified within the Policy are delivered.
- The Associate Directors for: Knowledge Management and ESHT Digital are accountable for the maintenance of PAS and other reporting systems on which all waiting lists are held.
- The Associate Director of Operational Planning and Elective Performance is:
    - accountable for the management of data once it has been entered onto PAS and on other reporting systems on which all waiting lists are held.
    - responsible for reporting to Senior Leadership Forum on performance against locally and/or nationally agreed targets and ensuring this is fed into appropriate operational and performance forums.

Operational Teams

- The Head of Information is responsible for the timely production of patient tracking lists (PTLs) which support the divisions in managing waiting lists and Referral to Treatment (RTT) standards. They are also responsible for providing regular data quality audits of standards of data collection and recording the submission of central returns produced by the Information Department.
- The Business Intelligence Team are responsible for producing and maintaining regular reports to enable divisions to accurately manage elective pathways, and ensure compliance with this policy.
- Deputy General Managers and Associate Directors of Operations (ADOs)are responsible for ensuring data is accurate and services are compliant with the policy.
- Service Managers are responsible for ensuring the NHS e-referral service directory of services (DoS) is accurate and up to date.
- Service Managers through Divisional ADOs re responsible for delivering the elective access targets and ensuring compliance with the SOPs as outlined in this Policy.
- Associate Director of Operational Planning and Elective Performance, supported by the Head of Clinical Administration/Senior Admin Line Manager are responsible for ensuring that all administrative staff are compliant with all aspects of the Policy.
- All clinical staff are responsible through their ADO and/or Medical Director for ensuring they comply with the SOPs outlined in this Policy.

Staff involved in Supporting Elective Care Pathways

- Staff involved in managing patients' pathways for elective care are responsible to their manager for compliance with all aspects of this Policy. They must not carry out any action about which they feel uncertain or that might contradict this Policy. Concerns must be escalated to the relevant Senior Manager in the first instance. Where this is not felt to be appropriate, staff should refer to the Raising Concerns Procedure.
- Failure to follow this Policy or its accompanying SOP instructions may result in action under ESHT disciplinary policies.

GPs & Clinical Commissioning Group (CCG)

- GPs play a pivotal role in ensuring patients are made aware during their consultation of the likely waiting times for a new outpatient consultation and of the need to be contactable and available when referred.
- The CCG is responsible for ensuring robust communication links are in place to provide feedback to GPs and ensuring their compliance with the Standard Operating Procedures as outlined in this Policy.

Patient Involvement

The NHS Constitution recommends the following actions patients can take to help in the management of their condition:

- Patients can make a significant contribution to their own, and their families, good health and wellbeing, and should take personal responsibility for it.
- Patients should be registered with a GP practice as this is the main point of access to NHS care as commissioned by NHS bodies.
- Patients should provide accurate information about their health, condition and status.
- Patients should keep appointments, or cancel within a reasonable timeframe.

Staff Competency and Compliance

Competency

- As a key part of their induction programme, new starters to ESHT involved with RTT will undergo elective care training applicable to their role.
- All existing staff involved with RTT will undergo mandatory elective care training on at least an annual basis. This will be clearly documented to provide evidence that they have the required level of knowledge and ability.
- This Policy, along with the supporting suite of SOPs will form the basis of the training programmes.

Compliance

- Operational teams, specialties and staff, will be monitored against performance for key performance indicators (KPIs) applicable to their role. Role-specific KPIs are based on the principles in this Policy and specific aspects of the Trust's SOPs.
- In the event of non-compliance, a resolution should initially be sought by the team, specialty or individual's line manager. The matter should then be dealt with via the trust's disciplinary or capability procedure.

Elective Care Access Standards/Principles

General Operating Principles
The NHS has set maximum waiting time standards for elective access to healthcare.

In England waiting times standards for elective care (including cancer) come under two headings:

- The individual patient rights (as in the NHS constitution)
- The standards by which individual providers and commissioners are held accountable by NHS Improvement and NHS England

As defined in the NHS constitution, patients have the right to expect to be seen and treated within the national operational standard of 18 weeks, ensuring timely diagnosis and treatment, equity of care and patient choice.

Patients of the same clinical priority will, wherever possible, be offered dates for appointment or treatment in chronological order, based on the number of days remaining on their pathway.

Patients who have agreed to be available at short notice for appointments or to come in (TCIs) date, can be appointed out of chronological order if staff have been unable to contact longer waiting patients in order to maximize utilisation of outpatient clinics and operating lists.

All patients receive their first appointment/treatment within the targets set out in the RTT suite of rules taking into account clinical pathways and patient choice.

Patients will be given reasonable notice and choice of appointments and TCI dates as defined within the Policy.

Administrative and clinical staff throughout the Trust takes responsibility for moving patients along the agreed clinical pathway within the timescales set out in this Policy.

All patients will receive either written and / or a telephone reminder of their outpatient appointment.

All patients who do not attend (DNA) their appointment or unable to attend (UTA) more than two consecutive appointments will have a clinical review prior to any decision to discharge back to the GP.

Individual patient rights
The NHS Constitution clearly sets out a series of pledges and rights stating what patients, the public and staff can expect from the NHS. A patient has the right to the following:

- choice of hospital and consultant
- to begin their treatment for routine conditions following a referral into a consultant-led service, within a maximum waiting time of 18 weeks to treatment
- to be seen by a cancer specialist within a maximum of two weeks from a GP referral for urgent referrals where cancer is suspected (please refer to our cancer services access policy for further information).

If this is not possible, the NHS has to take all reasonable steps to offer a range of alternatives.

The right to be seen within the maximum waiting times does not apply:

- if the patient chooses to wait longer
- if delaying the start of the treatment is in the best clinical interests of the patient (note that in both of these scenarios the patient's RTT clock continues to tick)
- if it is clinically appropriate for the patient's condition to be actively monitored in secondary care without clinical intervention or diagnostic procedures at that stage.

All patients are to be treated fairly and equitably regardless of race, sex, religion or sexual orientation.

Patient eligibility

ESHT has an obligation to identify patients who are not eligible for free NHS treatment and specifically to assess liability for charges in accordance with Department of Health guidance/rules.

The Trust will check every patient's eligibility for treatment. Therefore, at the first point of entry, patients will be asked questions that will help assess 'ordinarily resident status'. Some visitors from abroad, who are not ordinarily resident, may receive free healthcare, including those who:

- have paid the immigration health surcharge
- have come to work or study in the UK
- have been granted or made an application for asylum.

Citizens of the European Union (EU) who hold a European Health Insurance Card (EHIC) are also entitled to free healthcare, although the trust may recover the cost of treatment from the country of origin.

ESHT staff have a responsibility to identify patients who are overseas visitors and to refer them to the overseas visitor's office for clarification of status regarding entitlement to NHS treatment before their first appointment is booked or TCI agreed.

Patients moving between NHS and private care

Patients can choose to move between NHS and private status at any point during their treatment without prejudice. Where it has been agreed, for example, that a surgical procedure is necessary the patient can be added directly to the elective waiting list if clinically appropriate. The RTT clock starts at the point the GP or original referrer's letter arrives in the hospital.

The RTT pathways of patients who notify the trust of their decision to seek private care will be closed with a clock stop applied on the date of this being disclosed by the patient.

Commissioner - Approved Procedures (Low Priority Procedures – LPP)

Patients referred for specific treatments where there is limited evidence of clinical effectiveness, or which might be considered cosmetic can only be accepted with the prior approval of the relevant CCG and is known as a LPP.

Military Veterans and Active Serving

In line with the Armed Forces Covenant, published in 2015, all veterans, active serving and war pensioners should receive priority access to NHS care for any conditions related to their service, subject to the clinical needs of all patients. Military veterans should not need first to have applied and become eligible for a war pension before receiving priority treatment.

GPs will notify ESHT of the patient's condition and its relation to military service when they refer the patient, so they can ensure it meets the current guidance for priority service over other patients with the same level of clinical need. In line with clinical policy, patients with more urgent clinical needs will continue to receive priority.

Prisoners
All elective standards and rules are applicable to prisoners. Delays to treatment incurred as a result of difficulties in prison staff being able to escort patients to appointments or for treatment do not affect the recorded waiting time for the patient.

The Trust will work with staff in the prison services to minimise delays through clear and regular communication channels and by offering a choice of appointment or admission date in line with reasonableness

Key Elements of RTT
The following points summarise the key elements of the standard:

- An admitted pathway means that the patient requires admission to hospital, as either a day case or an inpatient, to receive their first definitive treatment.
- A non-admitted pathway means that the patient does not require admission to hospital to receive their first definitive treatment, i.e. that treatment is given or prescribed in outpatients.
- The 18 week clock starts on the date that a referral is received by the Trust; this is the start of an 18 week clock for that patient. That clock then continues to tick until either the first definitive treatment is given, or another event occurs which can stop or nullify the clock.
- An 18 week clock can also start at another healthcare provider and then the patient can be transferred to the Trust. When treatment is still required, the clock continues to tick from the original start date.
- The following can all start 18 week clocks for patients: GPs; GDPs; GPwSIs; Optometrists; Orthoptists; GUM services; A&E; NHS Walk-In Centres; National Screening Programs; Prison Health Services; and specialist nurses and AHPs who have CCG authorisation to refer directly to consultants.
- eRS: For patients who are referred using E Referral, the 18 week clock starts on the date on which the patient activates their referral (converts their Unique Booking Reference Number, or UBRN). For patients not referred using E Referral the 18 week clock starts on the date their referral is received by the Trust.

Service Standards
Key business processes that support access to care will have clearly defined service standards, monitored by the Trust. Compliance with each service standard will support effective and efficient service provision, and the achievement of referral to treatment standards.

Key standards for implementation include the following:

- referral receipt and registration (within 48 hours for paper referrals)
- referral vetting and triage (within 3 working days of registration)
- addition of urgent outpatient referrals to waiting list (within 48 hours of clinical triage)
- addition of routine outpatient referrals to waiting list (within 5 days of clinical triage)

The standards above are described in greater detail in the Trust's SOPs.

Pathway Milestones
To achieve treatment within 18 weeks of receipt of referral, pathways should be designed with key milestones and sufficient capacity agreed with clinicians and commissioners.

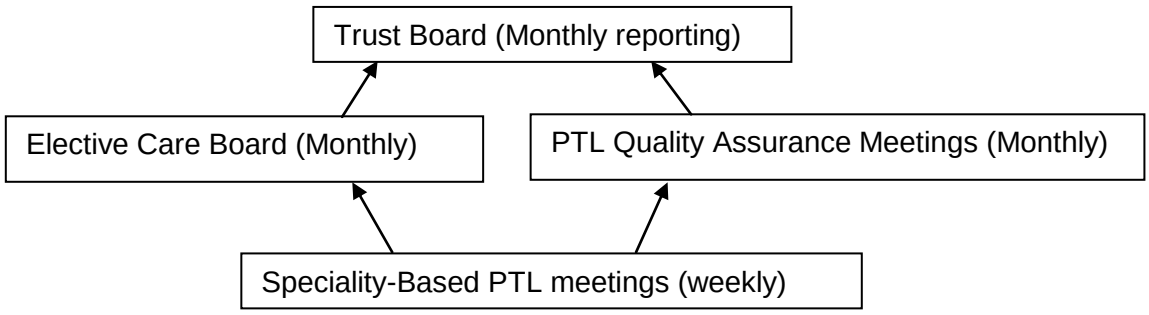
Reasonableness
'Reasonableness' is a term applicable to all stages of the elective pathway. Reasonableness refers to specific criteria which should be adhered to when offering routine appointments and admission dates to patients to demonstrate that they have been given sufficient notice and a choice of dates. A reasonable offer is defined as a choice of two dates with at least three weeks' notice.

Communication
All communications with patients and anyone else involved in the patient's care pathway (eg general practitioner (GP) or a person acting on the patient's behalf), whether verbal or written, must be informative, clear and concise. Copies of all correspondence with the patient must be kept in the patient's clinical notes or stored electronically for auditing purposes.

GPs or the relevant referrer must be kept informed of the patient's progress in writing. When clinical responsibility is being transferred back to the GP/referrer, eg when treatment is complete, this must be made clear in any communication

Monitoring
Operational teams will regularly and continuously monitor levels of capacity in the PTL meetings for each pathway milestone to ensure any shortfalls are addressed in advance. This will avoid poor patient experience, resource intensive administrative workarounds and, ultimately, breaches of the RTT standard.

Governance Structure
Below is the Trust's elective governance structure.



National referral to treatment and diagnostic standards

The following standards apply to all patients:

RTT	• 92% of patients on an incomplete pathway should be waiting less than 18 weeks of their referral. • 99% of patients will not wait longer than 41 days for a diagnostic test or image
CANCER & RAPID ACCESS	• 2 weeks from urgent GP referral for suspected cancer to first outpatient attendance; • 2 weeks from symptomatic breast referral (cancer not suspected) to first outpatient attendance; • 31 days from decision to treat to first definitive treatment for cancer; • 31 days from decision to treat or earliest clinically appropriate date (ECAD) to subsequent treatment (surgery, drug or radiotherapy) • 62 days from urgent GP referral for suspected cancer to first definitive treatment • 62 days from referral from NHS Cancer Screening Programmes (breast, cervical and bowel) to treatment for cancer; • 62 days from a consultant's decision to upgrade the urgency of a patient (e.g. following a non- urgent referral) to first treatment for cancer).
PATIENT EXPERIENCE	• Where a patient's operation is cancelled for non-clinical reasons (on the day of admission or after admission), a new admission date will be given within 28 days; • Patients have a right to start Consultant –led treatment within 18 weeks of referral or if this cannot be met, they can request an alternative provider that can start their treatment sooner. • Ward moves/mixed sex

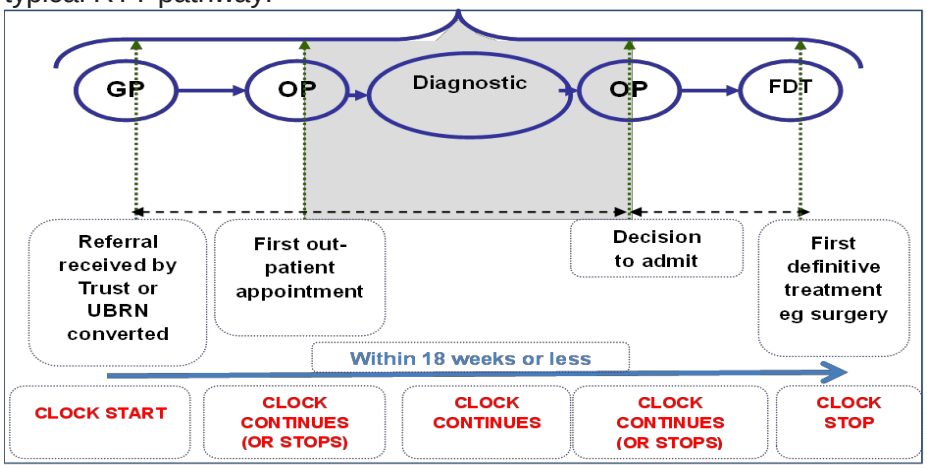
In addition to the elective care standards above, there are separate cancer standards (Cancer Waiting Times Guidance) which must be adhered to.

While the aim is to treat all elective patients within 18 weeks, the national elective access standards are set at less than 100% to allow for the following scenarios:

- **Clinical exceptions:** when it is in the patient's best clinical interest to wait more than 18 weeks for their treatment.
- **Choice:** when patients choose to extend their pathway beyond 18 weeks by declining reasonable offers of appointments, rescheduling previously agreed appointment dates/admission offers, or specifying a future date for appointment/admission.
- **Co-operation:** when patients do not attend previously agreed appointment dates or admission offers (DNA) and this prevents the trust from treating them within 18 weeks

Overview of national referral to treatment rules

Figure below provides a visual representation of the chronology and key steps of a typical RTT pathway.



Clock Starts

A waiting time clock starts when a GP, dentist or any care professional or service permitted by an English NHS commissioner to make such referrals, refers a patient to the Trust for any elective service (other than planned care) for the patient to be assessed, and in appropriate, treated before responsibility is transferred back. This includes the following:

- a consultant led service, regardless of setting, with the intention that the patient will be assessed and, if appropriate, treated before responsibility is transferred back to the referring health professional or general practitioner;
- an interface or referral management or assessment service, which may result in an onward referral to a consultant led service before responsibility is transferred back to the referring health professional or general practitioner.
- includes self-referrals to these services (where agreed by commissioners and providers).

A waiting time clock also starts upon a self-referral by a patient to the above services following a period thinking time' as described earlier in this document.

- For paper referrals this is the date the Trust receives the referral. For eRS the clock starts on the date the patient activates their referral (converts their Unique Booking Reference Number or UBRN).

If following completion of a referral-to-treatment period, a patient requires treatment for a substantially new or different condition then a new clock starts. This is a clinical decision made in consultation with the patient.

Upon completion of a consultant-led referral to treatment period, a new waiting time clock only starts:

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

- When a patient rebooks their appointment following a first appointment DNA that stopped and nullified their earlier clock.

Exclusions
A referral to most consultant-led services starts an RTT clock but the following services and types of patients are excluded from RTT:

- obstetrics and midwifery
- planned patients
- referrals to a non-consultant led service
- referrals for patients from non-English commissioners
- genitourinary medicine (GUM) services
- emergency pathway non-elective follow-up clinic activity

New clock starts for the same condition

- **Following active monitoring**

Some clinical pathways require patients to undergo regular monitoring or review diagnostics as part of an agreed programme of care. These events would not in themselves indicate a decision to treat or a new clock start. If a decision is made to treat after a period of active monitoring/watchful waiting, a new RTT clock would start on the date of decision to treat (DTT).

- **Following a decision to start a substantively new treatment plan**

If a decision is made to start a substantively new or different treatment that does not already form part of that patient's agreed care plan this will start a new RTT pathway clock and the patient shall receive their first definitive treatment within a maximum of 18 weeks from that date.

- **For second side of a bilateral procedure**

A new RTT clock should be started when a patient becomes fit and ready for the second side of a consultant-led bilateral procedure.

- **For a rebooked new outpatient appointment**

See first appointment DNAs on page 18

Clock Stops for First Definitive Treatment

An RTT clock stops when:

- First definitive treatment starts. This could be:
  - treatment provided by an interface service
  - treatment provided by a consultant-led service
  - therapy or healthcare science intervention provided in secondary care or at an interface service, if this is what the consultant-led or interface service decides is the best way to manage the patient's disease, condition or injury and avoid further intervention
  - A clinical decision is made and has been communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay, to add a patient to a transplant list.

Clock stops for 'non-treatment'

A waiting time clock stops when it is communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay that:

- It is clinically appropriate to return the patient to primary care for any non-consultant led treatment in primary care;
- A clinical decision is made to start a period of active monitoring;
- A patient declines treatment having been offered it;
- A clinical decision is made not to treat;
- A patient UTAs two consecutive appointments;
- A patient DNAs an OP appointment as described in the Did Not Attend (DNA) section of this document.
- A patients DNAs an Admission Date as described in the Patient initiated cancellations section of this document.

Active monitoring

Active monitoring is where a decision is made that the patient does not require any form of treatment currently, but should be monitored in secondary care. When a decision to begin a period of active monitoring is made and communicated with the patient, the RTT clock stops. Active monitoring may apply at any point in the patient's pathway, but only exceptionally after a decision to treat has been made.

It is not appropriate to stop a clock for a period of active monitoring if some form of diagnostic or clinical intervention is required in a couple of days' time, but it is appropriate if a longer period of active monitoring is required before further action is needed. Stopping a patient's clock for a period of active monitoring requires careful consideration case by case and needs to be consistent with the patient's perception of their wait.

Planned Patients

All patients added to the planned list will be given a due date by when their planned procedure/test should take place. Where a patient requiring a planned procedure goes beyond their due date, they will be transferred to an active pathway and a new RTT clock started. The detailed process for management of planned patients is described in the relevant standard operating procedure.

Referral Management

See SOPs:-

- *OPD01 - Receiving and registering a New Out-patient referral, Routine or Urgent (non E referral)*
- *OPD02 – Managing referrals by Clinician*

Delivery of the Elective Care Access targets is dependent on achieving the key pathway milestones within the agreed timescale. This starts with the referral.

Referral standards

- Referrals should be sent to the Central Booking teams on each district general hospital site, any referrals received in other areas should be forwarded straight to the Central Booking team
- Referrals made to the Trust must be legible, follow agreed referral protocols and provide appropriate detail to register and appoint the patient. Information regarding referral guidance is available on the Directory of Service or through the GRACE[i] and Harmless[ii] portals
- Referrals should be made to a service rather than a named clinician.
- Referrals not accompanied by the appropriate clinical information required to triage the referral will be rejected and returned to the referrer. Both referrer and patient will be informed. Rejected referrals will be closed on PAS and the 18 week clock stopped.
- It is expected that GPs, and other referrers, will have discussed both the reason for the referral, the likelihood of a surgical intervention being required and the NHS Constitution with the patient at consultation.
- Where the patients' first language is not English, or the patient communicates non-verbally, their referral must state clearly the exact type of interpreter required. Referrals must also clearly state if the patient has learning disabilities, mental Ill-health or is anyway a vulnerable adult and will include information on any preferences of requirements for the patient, or if the condition is a result of military service. Please refer to the Accessible Information Standards.
- Referrals should only be made to the Trust if the patient is sufficiently fit, ready and willing to be treated within maximum waiting times. If this is not the case the referral should not be sent until such time as the patient is available.
- Staff referred in for treatment will be subject to Fast Track Access to Trust Clinical Services where appropriate.

Referral Administration

- Paper-based referrals are still currently accepted, but the trust discourages this route. The NHS e-Referral Service (e-RS) is the preferred method of receiving referrals from GPs and Referral Management Centres (RMCs). Paper-based referrals will be sent to a central point of referral and all referrers will be informed of this requirement and its location.

Paper Referrals

- Paper referrals will be managed in line with eRS implementation and the NHS Contract requirements. However there will be out of scope services that still receive paper referrals eg emergency on day clinics.
- Referrals will be date stamped and registered on PAS within two working days of receipt. Referrals received directly in clinical units will be redirected to Outpatients.
- Manual referrals will be clinically triaged within five working days of registration.

- Once paper-based referrals have been recorded on PAS they will be sent to a consultant or clinical team for vetting.

NHS e-Referral Service

- All NHS e-referrals must be reviewed and accepted or rejected by clinical teams.
- eRS referrals – patients booked to Urgent slots should be clinically triaged within five working days.
- Where there is a delay in reviewing e-referrals this will be identified through a daily report to Service Managers to action.
- If an NHS e-Referral is received for a service not provided by the trust, it will be rejected back to the referring GP advising that the patient needs to be referred elsewhere. This will stop the patient's RTT clock.
- The Trust supports the full utilisation of referrals via the e Referral system ensuring an appropriate level of capacity is available to ensure patients have choice of access to services at convenient dates and times, this will be managed through the monitoring of Appointment Slot Issues (ASIs).

Inter provider referrals

- All referrals from other Trusts or intermediate services must be agreed/accepted by the receiving specialty. They must be accompanied by a minimum data set (MDS) form clearly showing the patient's position relative to their 18 week pathway. The Trust cannot reject a referral on the basis of non-receipt of MDS.

Urgent/Cancer 2 Week Wait (2WW) referrals

- Urgent/Cancer 2WW referrals will be managed in accordance with the guidance agreed by the Cancer Partnership Board.
- All 2WW suspected cancer referrals must be on the appropriate proforma via eRS.
- Routine referrals upgraded onto the cancer pathway will be seen within 14 days of the upgrade, and included onto the 62 day Cancer pathway, unless the patient has already attended their first outpatient appointment.

Consultant to consultant referrals

- Consultants will only refer to colleagues those patients who require specialist advice/consultation for the condition that the patient was originally referred and that they are not able to provide. The 18 week start date will remain as the date the original referral was received by the Trust. Please note there are some exceptions for MSK services.
- If, on attending their first outpatient appointment, the patient is found to have an additional condition, unrelated to that originally referred for, the patient will be referred back to their GP or to the MSK Service for a new referral to the appropriate specialty for this condition.
- Any red flag conditions found incidentally can be directly referred internally.

Inappropriate referrals

- If a consultant deems a referral to be inappropriate, it will be returned to the referring GP within five working days with the reason for rejection. Rejected referrals will be closed on PAS and the 18 week clock stopped.

Advice and Guidance only referrals

- Advice and Guidance is available via eRS. Any requests should be responded to within two working days.

Booking New - Outpatient First Appointment

See SOP:-

- *OPD 03 - Making a first appointment*

See Booking Rules

General principles

- The First Out-Patient Appointment (OPFA) is made on receipt of a referral from an appropriate referrer. The appointment must be made within the pathway milestone to ensure that the patient's treatment can be started by the target date.
- All patients must be seen in order of clinical priority and length of wait.
- Referrals that cannot be booked to the specialty OPFA milestone must be escalated to the appropriate Service/General Manager for resolution.

OPFA milestones

- Urgent and Cancer two week wait referrals must have an appointment within 2 weeks of the referral date.
- Routine referrals must have an OPFA according to the following specialty targets. It is the responsibility of the General Manager to confirm/update the pathway milestones:

OPFA by:	**Applies to:**
Week 6	General Surgery, Urology, Orthopaedics, ENT, Gastroenterology (not surveillance)
Week 8	Max fax/Dentals; Ophthalmology
Week 13	All others.

Booking the appointment

- Where the Trust is unable to contact the patient by telephone for their OPFA, to agree an appointment date, an offer of an appointment will be made with a minimum of three weeks' notice. If the patient makes contact and wishes to decline the date sent, they will be offered a further date to ensure choice is offered. If two reasonable offers of appointment have been offered and declined, the patient will be informed that they are being discharged back to the care of their GP.

e-Referral Service

- Patients who have been referred via eRS should be able to choose, book and confirm their appointment before the trust receives and accepts the referral.
- If there are insufficient slots available for the selected service at the time of attempting to book (or convert their Unique Booking Reference Number UBRN), the patient will appear on the appointment slot issue (ASI) work list. The RTT clock starts from the point at which the patient attempted to book. Patients on the ASI list must be contacted within two working days by the central booking office to agree an appointment.
- If a patient's appointment has been incorrectly booked on the NHS e-Referral system into the wrong service at the trust by the referrer, the referral should be electronically re-directed in the e-Referral system to the correct service. A confirmation letter of the appointment change will be sent to the patient. The patient's RTT clock will continue to tick from the original date when they converted their UBRN.

Paper-based referrals

- Appointments will be booked in order of clinical priority (urgent before routine) and then in chronological order of referral received date.
- Patients will be selected for booking from the trust's patient tracking list (PTL) only.
- Patients will be offered a choice of at least two dates with three weeks' notice within the agreed first appointment milestone for the specialty concerned. Appointment dates can be offered with less than three weeks' notice and if the patient accepts, this can then be defined as 'reasonable'.
- Where there is insufficient capacity to offer an appointment within the required milestone, this should be escalated to the relevant service manager.
- Any appointment offers declined by patients should be recorded on PAS. This is important for two reasons: full and accurate record keeping is good practice and the information can be used at a later date to understand the reasons for any delays in the patient's treatment, eg hospital or patient initiated.

Booking Follow Up Appointments

Patients on an open pathway

- Where possible, follow up appointments for such patients should be avoided, by discussing likely treatment plans at first outpatient appointment, and/or use of telephone/written communication where a face-to-face consultation is not clinically required. Where unavoidable, such appointments must be booked to a timeframe that permits treatment by week 18 (unless the patient choses a later date).
- Follow-up appointments should be agreed with the patient prior to leaving the clinic if required within less than 8 weeks time. Any follow up appointments outside of this timeframe should be managed via the partial booking of follow-ups (PBFU) process. This provides the best opportunity for patient choice to be accommodated within the required timescale for achievement of the RTT standard. Where insufficient capacity is available, the clinic receptionist will escalate in line with local arrangements to obtain authorisation to overbook.

Patients not on an open pathway

- Patients who have already been treated or who are under active monitoring and require a follow-up appointment should be managed via the partial booking of follow-ups (PBFU) process. Before they leave the clinic, the process will be clearly explained to the patient:
  - They will be added to the PBFU waiting list.
  - Nearer to the time that their follow up appointment is due, they will be sent an 'invitation to book' letter.
  - An appointment will then be agreed with the central booking office.
  - Should the patient fail to contact the central booking office, an attempt will be made to contact the patient at three different times of days, one of which will be after 5 pm.
  - If unable to make contact, a clinical review will take place to decide on the best course of action.

Rearranging appointments

See SOP:-

- OPD 12 - Re-scheduling of appointments, OPD16 – Short notice clinic cancellation

See Booking Rules

Appointments can be rearranged by the patient, GP or the hospital and will be actioned and recorded appropriately on PAS in real time. However 2 consecutive patient cancelled appointments can result in discharge to the GP.

Hospital initiated rearrangements

See Clinic Cancellation Guidance

- Clinics will only be cancelled and rearranged after all other options have been explored.
- Clinicians are required to give eight weeks' notice for annual/study/professional leave
- Clinics will only be cancelled with shorter notice for sickness or unforeseen circumstances, where the clinician is unable to arrange provision of suitable cross cover arrangements.
- The Clinical Unit/Specialty should only reduce or cancel clinics where it would be clinically inappropriate to proceed. If this is the case, patients will be contacted to agree a suitable and convenient alternative appointment.
- It is the responsibility of the Clinical Unit/Specialty to take appropriate action to ensure patients who have been cancelled are treated in accordance with clinical priority and within guaranteed waiting times.
- It is the responsibility of the clinical unit to ensure all cancelled patients are clinically reviewed to avoid any potential harm.

Patient initiated rearrangements

- The Trust will endeavor to offer two alternatives, within two weeks of the original date, to patients who wish to cancel their first, agreed, outpatient appointment.
- Patients who ring to rearrange a first appointment that was sent via letter, and ring within seven days of receiving that letter, will be considered to have declined, not cancelled, the appointment and will be offered at least two further dates.
- Patients unable to agree a new appointment date when having been offered 3 reasonable dates will be reviewed by the clinician and if appropriate be referred back to their GP and their 18 week clock stopped where it can be demonstrated they were given full choice and are aware of the implications of their not being available for assessment/treatment.
- When patients cancel a follow up appointment, the Trust will endeavor to offer an alternative that is no more than 4 weeks from the cancelled date, unless the patient requests otherwise.
- Patients who cancel two agreed appointments (either first or follow up) will be discharged and their waiting time clock stopped unless the Consultant/Clinician running the clinic deems that the patient should be sent a further appointment for clinical reasons.
- Confirmation letters will be sent to both the Patient and referring GP.

Did Not Attend (DNA)

See SOP:-

OPD 07 & 08 - Recording a DNA

- The definition of Did Not Attend (DNA) is when the patient fails to attend a previously agreed appointment / admission without prior notice. Patients who cancel their appointments in advance should not be classified as a DNA and should not have their 18 week clock stopped.
- Patients will be discharged if they DNA a previously agreed appointment given with reasonable notice unless the Consultant/Clinician running the clinic deems that the patient should be sent a further appointment for clinical reasons.
- Paediatric patients will be discharged with written notification to the GP following a second DNA unless the Consultant/Clinician running the clinic deems that the patient should be sent a further appointment for clinical reasons.
- When patients DNA their first appointment, their 18 week clock will reset on the date the new appointment is made if the specialty deems a new appointment is appropriate.
- When a patient DNA's their appointment they will be sent a letter allowing 14 days to contact the hospital if the DNA was an error and they still wish to be seen.
- If no contact has been made in the 14 days stipulated in the DNA letter, patients will be discharged and their referring GP/clinician will be notified in writing and their waiting time clock stopped.
- If a patient DNAs a follow up appointment they will be discharged back to their GP unless the Consultant/Clinician running the clinic deems that the patient should be sent a further appointment for clinical reasons.
- In all cases of discharging a patient back to the GP the Trust should be able to demonstrate that the patient was given reasonable notice and received confirmation of their appointment. Reasonable notice constitutes a minimum of 3 weeks' notice for written offers.
- Exceptions to the above are patients on a suspected cancer pathway, vulnerable adults, patients with significant carer responsibilities or are deemed high clinical risk by the consultant.

Clinic Attendance and Appointment Outcomes (New and Follow Up Clinics)
See SOP
OPD 09 – Outcoming, cashing up an out-patient appointment from clinic

General Principles
Every patient, new and follow-up, whether attended or not, will have an attendance status and outcome recorded on PAS at the end of the clinic.

The OPFA outcome determines the subsequent events that need to be booked and recorded on the patient's treatment pathway. Accurate and timely recording of outcomes supports the delivery of the elective care access target.

- It is the responsibility of the clinician to ensure that the Appointment outcome is clearly indicated on the Outcome form. The Receptionist is responsible for ensuring that all appointment outcomes are recorded accurately at the end of the Outpatient clinic.
- Clinic outcomes (eg discharge, further appointment) and the patient's updated RTT status will be recorded by clinicians on the agreed clinic outcome form and forwarded to reception staff immediately.
- If the patient needs to be seen for monitoring purposes or continued treatment, every attempt will be made to book the next appointment at the reception desk prior to the patient leaving the hospital site.
- It is the responsibility of the Service Manager to review the clinic outcomes to ensure that diagnostic appointments, reports and results are completed within the pathway milestones.
- If the patient is being sent for diagnostic tests, (MRI, Ultrasound, Blood tests etc.) the patient will normally be asked to contact the Clinician's secretary or Outpatients to agree an appointment once a date for the diagnostic test is made or the results are available. If the patient does not make contact, a letter will be sent advising them of the appointment if required. This letter will also contain contact details should the patient have any queries or wish to rearrange the appointment.
- If the patient is discharged by the Consultant following receipt of diagnostic test results and without requiring a follow up appointment, then it is the responsibility of the medical secretary to inform the 18 week/booking team of the decision to discharge to ensure the RTT pathway is updated to reflect this decision. Details of the clinical review of diagnostic results must be communicated to the patient and to the referring clinician, including explicit confirmation if the patient is being discharged back to the care of the referrer.

Adding patients to an Inpatient Waiting List

- The decision to add patients to the waiting list must be made by the consultant or designate (e.g. SpR).
- The patient must have accepted the clinician's advice on elective treatment prior to being added to the waiting list. And be fit, willing and able to undergo the procedure.
- Additions to the waiting list on PAS must be within one working day of the decision to admit.
- Patients must not be added if there is no funding available for the intended treatment.
- Patients who decide that they do not want treatment at this time and are requesting an extended period of time to consider treatment options should not be added to the waiting list but given a period of active monitoring (see Definitions) and their 18 week clock stopped. Patients will have three months to make contact

with their decision. If they have not indicated their decision on treatment options – the patient will need a clinical review by the Consultant who may then discharge them back to their GP.

- The active inpatient or day case waiting lists/PTLs includes all patients who are awaiting elective admission. The only exceptions are planned patients, who are awaiting admission at a specific clinically defined time.
- In terms of the patient's RTT clock, adding a patient to the inpatient or day case waiting will either:
    - continue the RTT clock from the original referral received date
    - start a new RTT clock if the surgical procedure is a substantively new treatment plan which did not form part of the original treatment package, providing that either another definitive treatment or a period of active monitoring has already occurred. The RTT clock will stop upon admission.

<u>Patients requiring more than one procedure</u>

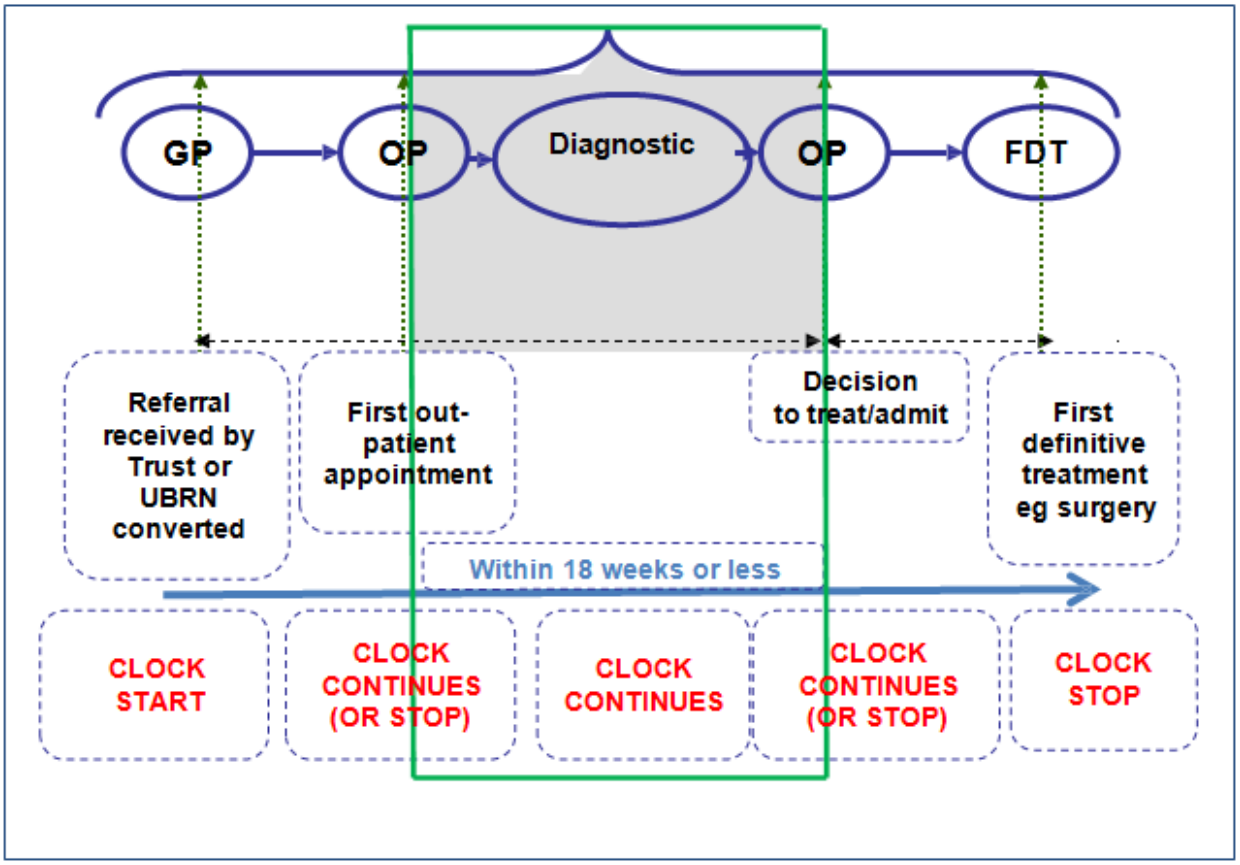
- If more than one procedure will be performed at one time by the same surgeon, the patient should be added to the waiting list with extra procedures noted. If different surgeons will work together to perform more than one procedure, the patient will be added to the waiting list of the consultant surgeon for the priority procedure with additional procedures noted. If a patient requires more than one procedure performed on separate occasions by different (or the same) surgeon(s):
    - The patient will be added to the active waiting list for the primary (first) procedure.
    - When the first procedure is complete and the patient is fit, ready and able to undergo the second procedure, the patient will be added (as a new waiting list entry) to the waiting list, and a new RTT clock will start.

<u>Patients requiring thinking time</u>

- Patients may wish to spend time thinking about the recommended treatment options before confirming they would like to proceed. It would not be appropriate to stop their RTT clock where this thinking time amounts to only a few days or weeks. Patients should be asked to make contact within an agreed period with their decision.
- It may be appropriate for the patient to be entered into active monitoring (and the RTT clock stopped) where they state they do not anticipate making a decision for a matter of months. This decision can only be made by a clinician and on an individual patient basis with their best clinical interests in mind.
- In this scenario, a follow-up appointment must be arranged around the time the patient would be in a position to make a decision. A new RTT clock should start from the date of the decision to admit if the patient decides to proceed with surgery.

Diagnostic Pathways

Figure: Diagnostic phase of the patient pathway



Key

OP – outpatients
FDT – first definitive treatment

General Principles

A diagnostic test is defined as a test or procedure used to identify a person's disease or condition which allows a medical diagnosis to be made and treatment provided where necessary. Diagnostics are an integral part of the patient pathway and cover Imaging, Endoscopy, Audiology, Cardiology, Respiratory and Urodynamics. They have a maximum waiting time target of 6 weeks.

The National Imaging Board guidance states that investigations will be seen and accurately reported within as short a time as possible. The guidance sets the reporting standards for elective care as next working day.

It is important to note, however, that patients can also be referred for some diagnostic investigations directly by their GP where they might not be on an 18-week RTT pathway. This will happen where the GP has requested the test to inform future patient management decisions, ie has not made a referral to a consultant-led service at this time.

The 6 week clock starts on:

- the date upon receipt of referral for a diagnostic test (to appointment date).

The clock stops:

- When the patient has received the diagnostic test/procedure
- When the patient declines the offer of a diagnostic test/procedure and chooses to be returned to their GP/Referring Clinician
- On the date the patient cancels their appointment for a second time and is discharged to their referring GP/Referring Clinician.
- On the date the patient does not attend their diagnostic appointment and is referred back to their GP/Referring Clinician
- In some cases, procedures are intended to be diagnostic up until a point during the procedure, when the consultant makes a decision to undertake a therapeutic treatment at the same time. In these instances the patient is still on a 6 week diagnostic pathway.
- Patients will be contacted by telephone for all appointments less than 10 working days, over 10 working days sent a letter offering them the first appointment with a minimum of one weeks' notice. If the patient is on a cancer pathway they will be contacted by telephone and offered a minimum of 24 hours' notice of their appointment.
- If a patient cancels a previously agreed appointment for a diagnostic test/procedure and cannot agree another date within the 6 week period, the 6 week clock will reset from the date of the cancelled appointment and a further appointment date will be agreed. If the patient cancels a second or subsequent appointment they will be discharged back to the care of their GP/Referring Clinician following clinical review of the referral. Exceptions to this are patients on a cancer pathway (suspected or diagnosed), vulnerable adults, patients with significant carer responsibilities or are deemed high clinical risk.
- Cancer 62 day and 18 week clocks cannot be paused for any reason within the diagnostic pathway. Patients should be aware that multiple cancellations may extend their wait beyond the operational standard for their pathway.
- Patients who do not attend (DNA) their first diagnostic appointment will be discharged back to the care of their GP/Referring Clinician and their 6 week waiting time clock nullified following clinical review. This must be clearly communicated to the GP or Referring Clinician. Exceptions to this are patients on a cancer pathway (suspected or diagnosed), vulnerable adults, and patients with significant carer responsibilities or are deemed high clinical risk. These groups will be sent a second appointment. In these instances the 6 week clock will reset to the date of the DNA, however the 18 week clock will continue ticking.

The following are not subject to a 6 week pathway:

- Patients awaiting a planned/surveillance diagnostic procedure.
- Patients waiting for a diagnostic procedure as part of a screening programme e.g. routine repeat smear test etc.
- Expectant mothers booked for confinement
- Patients currently admitted to a hospital bed and are waiting for an emergency or unscheduled diagnostic as part of their inpatient treatment.

Patients with a diagnostic and RTT Clock

The diagnostics section of an RTT pathway is a major pathway milestone. A large proportion of patients referred for a diagnostic test will also be on an open RTT pathway. In these circumstances, the patient will have both types of clock running concurrently:

- their RTT clock which started at the point of receipt of the original referral
- their diagnostic clock which starts at the point of the decision to refer for diagnostic test (often at the first outpatient consultation).

Straight to test arrangements
For patients who are referred for a diagnostic test where one of the possible outcomes is review and if appropriate treatment within a consultant-led service (without first being reviewed by their GP) an RTT clock will start on receipt of the referral. These are called straight-to-test referrals.

Patients with a diagnostic clock only
Patients who are referred directly for a diagnostic test (but not consultant-led treatment) by their GP, ie clinical responsibility remains with the GP, will have a diagnostic clock running only. These are called direct access referrals.

Patients may also have a diagnostic clock running only where they have had an RTT clock stop for treatment or non-treatment and their consultant refers them for a diagnostic test with the possibility that this may lead to a new RTT treatment plan.

National Diagnostic clock rules
The trust should provide details on the diagnostic clock rules, including clock start, clock stop, reasonableness, DNA, cancellations, and any impact on the patient's RTT clock.

- **Diagnostic clock start:** the clock starts at the point of the decision to refer for a diagnostic test by either the GP or the consultant.
- **Diagnostic clock stop:** the clock stops at the point at which the patient undergoes the test.

Booking Diagnostic Appointments
The appointment will be booked directly with the patient at the point that the decision to refer for a test was made wherever possible (eg the patient should be asked to contact the diagnostic department by phone or face to face to make the booking before leaving the hospital).

If a patient declines, cancels or does not attend a diagnostic appointment, the diagnostic clock start can be reset to the date the patient provides notification of this. However:

- The trust must be able to demonstrate that the patient's original diagnostic appointment fulfilled the reasonableness criteria for the clock start to be reset.
- Resetting the diagnostic clock start has **no effect on the patient's RTT clock. This continues to tick from the original clock start date**.

Inpatients & Day Cases

General principles

The Decision To Admit (DTA) is an important pathway milestone. The DTA should be made by Week 12 at the latest if the access target is to be delivered.

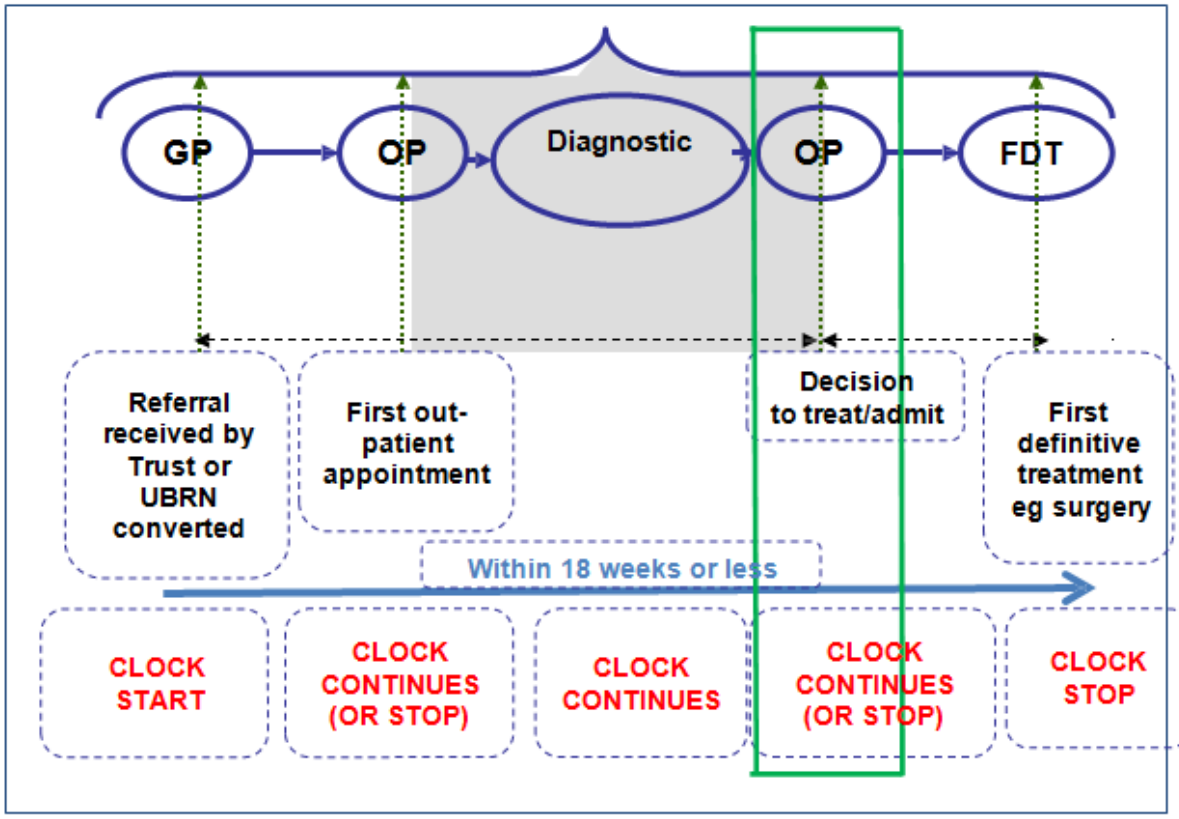
Admissions are usually made under the care of the consultant who has looked after the patient since referral. ESHT is however, a multi sited organisation and patients may be offered admission dates under the care of an alternative consultant, or at another site within the Trust to enable them to be treated sooner.

Admission dates must be booked within the patient's 18 week target date. Where it is not possible or there is a risk that the target date may be breached, it is the responsibility of the Bookings clerk to escalate the admission to the Service/General Manager for resolution.

In the event that the patient is returned to the care of their GP, it is the responsibility of the Service/General manager to notify the listing Consultant.

Pre-assessment

Figure below: Stages in pre-operative assessment



Key

OP – outpatients
FDT – first definitive treatment

- All patients requiring an admission must have a pre-assessment prior to surgery to ensure they are suitably fit to undergo the procedure. All patients listed for

elective surgery must be screened for MRSA as per the Trust Infection Control Policy.

- If the pre assessment does not take place at the first OP appointment, patients will be contacted either by telephone or letter to agree convenient dates for pre-assessment.
- An 18 week RTT clock cannot be paused for cancelled pre assessment or if the patient does not meet the pre assessment criteria.
- If a patient cancels or DNAs a pre-operative assessment then the patient should be contacted by a clinician/assessment nurse to discuss the reason for the DNA. This will result in either an agreement for a new pre assessment or discharge back to the GP.
- In the event that the patient is determined not fit for procedure by pre assessment the patient should be discharged to the care of their GP for further management, unless the reason is temporary (cold, minor illness).

Scheduling Patients to come in for admission
Clinically urgent patients will be scheduled first, followed by routine patients. All patients will be identified from the trust's PTL, and subject to the clause above about clinical priorities, will be scheduled for admission in chronological order of RTT wait. An 'invitation to call' letter will be generated from PAS, asking patients to make contact.

If the patient does not make contact, the demographic details will be confirmed with the GP. Three attempts will then be made to contact the patient, with one being in the evening. If still unsuccessful, a second 'invitation to call' letter will be sent to the patient and a copy sent to their GP.

Patients will be offered a choice of at least two admission dates with three weeks' notice within the agreed milestone for the specialty concerned. Admission dates can be offered with less than three weeks' notice and if the patient accepts, this can then be defined as 'reasonable'.

If there is insufficient capacity to offer dates within the required milestone, this issue will be escalated to the relevant service manager. Any admission offers declined by patients will be recorded on PAS. This is important for two reasons:

- Full and accurate record-keeping is good clinical practice.
- The information can also be used at a later date to understand the reasons for any delays in the patient's treatment, eg hospital or patient initiated.

Offering and booking admission dates (TCI)
Routine patients will be contacted by telephone to offer admission dates.

- Telephone contact: Three attempts to contact patients will be made at different times of day over a 72 hour period.
- Patients will be offered two dates with a minimum of three weeks' notice.
- If the patient is not contactable by telephone or the specialty is not offering appointments by telephone then the following will apply:
- A contact letter will be sent to the patient requesting they make contact with the Booked Admissions Office to agree a date
- If the patient makes contact within 7 days and wishes to confirm a date, a confirmation letter must be sent including any appropriate specialist information relating to the admission.

- Patients who make contact to decline the date sent, will be offered a further date within their 18 week waiting time. If they are unable to accept this date as well, a mutually acceptable third date will be agreed. These offers should be recorded in the Notes section of PAS.
- Patients who do not respond within 7 working days from the date on the contact letter will be removed from the waiting list once their demographic information has been confirmed as correct and referred back to the care of their GP and their consultant informed, unless clinically inappropriate to do so.

Deferring admission for reasons of ill health

- Patients who are unable to accept a date for treatment due to ill health will be removed from the waiting list and either monitored by consultant in charge or referred back to the care of their GP.

Patients who are unfit for surgery

- If the patient is identified as unfit for the procedure, the nature and duration of the clinical issue should be ascertained.

  - Short-term illnesses: If the clinical issue is short-term and has no impact on the original clinical decision to undertake the procedure (eg cough, cold), the RTT clock continues.

  - Longer term illnesses: If the clinical issue is more serious and the patient requires optimisation and/ treatment for it, clinicians should indicate to administration staff::
    - if it is clinically appropriate for the patient to be removed from the waiting list. (This will be a clock stop event via the application of active monitoring.)
    - if the patient should be optimised/treated within secondary care (active monitoring clock stop) or if they should be discharged back to the care of their GP (clock stop).

Offering Admission Dates - Urgent/Cancer 2WW

Patients on a cancer pathway may be contacted by telephone or letter.

- If patients cannot agree a date, or state they do not want treatment, they will be referred back to the listing consultant who will decide upon the next step in their pathway. Their waiting time clock will be stopped.

Short notice Appointments

- Routine admission patients may be offered dates with less than two weeks' notice where they have agreed to be available at short notice.

Cancellation of Admission Dates

General Principles

Admissions should only be cancelled in exceptional circumstances after all other options have been explored. It is acknowledged that patients may find themselves unable to attend their agreed admission date and where possible an alternative date will be arranged and agreed with then at the same time.

Hospital initiated cancellations that result in risk of 18 week breaches must be escalated to the Service/General Manager for resolution.

Hospital initiated cancellations

- Where a consultant decides the patient is unfit to proceed/ or no longer requires the procedure and refers the patient back to their GP, the 18 week RTT clock is stopped. All other hospital initiated cancellations have no impact on the 18 week RTT clock.
- General Managers, or their nominated deputies, must authorise a cancellation where the patient has been cancelled previously by the hospital.
- Where a patient's admission date is cancelled by the hospital in advance, the patient will be contacted and an explanation given as to the reason for the cancellation. A new date, as close to the original admission date as possible and prior to the 18 week breach date, will be offered.
- In the event that the Trust has to cancel a patient's admission on the day of surgery, for non-medical reasons the patient will be offered a new date that is within 28 days of the cancelled operation date or prior to their 18 week breach date, whichever is the sooner. The only exception to this is for patient choice.

Patient initiated cancellations

If a patient cancels their first agreed TCI for reasons other than ill health, the Trust will endeavour to offer a new date at the time they make contact. If this is not possible, the Trust will contact the patient within 3 working days to offer another date.

- Patient cancelling a second TCI for reasons other than ill health will be removed from the waiting list and discharged to the care of their GP unless the Consultant/Clinician deems that the patient should be sent a further TCI for clinical reasons.
- The rationale for the removal will be explained to the patient and recorded in the notes section on PAS.

Patients may cancel more than one previously agreed admission date for ill health.

- If a patient cancels for ill health which is likely to be for less than 4 weeks they will be rebooked within three working days of the date they make contact.
- If a patient cancels for ill health which is likely to last for more than 4 weeks, or they are unable to agree a new appointment for health reasons, the patient will be removed from the waiting list and returned to the care of their GP where clinically appropriate. Re-referral should then be made by the GP when the patient is fit for surgery, this would initiate a new clock start and pathway. Where not clinically appropriate the patient should be removed from the waiting list and actively monitored by the Consultant

All patients who fail to arrive on the day without prior notice will be managed as a DNA.

- Patients who DNA a pre assessment, or admission, which they have previously agreed, will be removed from the waiting list, unless the Consultant/Clinician deems that the patient should be sent a further TCI for clinical reasons and referred back to the care of their GP. Their 18 week clock will be stopped. Patients who wish to receive treatment can be re-referred by their GP: – a new clock would start on receipt of the re-referral at the Trust.
- Exceptions to all the above are patients on a cancer pathway (suspected or diagnosed), vulnerable adults or patients that are deemed high clinical risk. These patients will be referred back to the listing consultant who will decide upon the next step in the pathway.

For patient who cancel on the day:-

- If the cancellation is for ill health (that will last less than 4 weeks) the patient should be rebooked at the time of cancellation unless they request otherwise
- They will only be rebooked if clinically appropriate.

Planned Admissions

Some patients will require more than one admission for a planned sequence of care, determined on clinical criteria. For example: repeated joint/spinal injections, the second of bilateral procedures, reversal of colostomy, multiple sessions of lithotripsy for kidney stones.

- Patients will only be placed on a planned list if they have undergone initial treatment/diagnostic test and a period of time is required to elapse, i.e. recovery time, before the next stage of treatment is commenced.
- These patients will be given an approximate date, for the second and any subsequent admissions at the time of their first treatment.
- Patients on a planned list are not on an 18 week pathway as the clock will have stopped with their first treatment, however, these patients will still be treated in a timely manner and within clinically appropriate timescales.
- When patients on planned lists are clinically ready for their next stage treatment to commence and reach the date of their planned appointment/admission/ procedure, they should either receive that appointment or be transferred to an active waiting list and an 18 week clock / 6 week diagnostic clock should start.
- Cancer patients being listed for adjuvant surgery will be considered planned, as the decision for surgery was made when the treatment plan was agreed and is subsequent to chemo/radiotherapy.
- Monitoring planned waiting lists (Type 13) is the responsibility of the Clinical Lead and Service Manager for the specialty.

Managing the RTT Pathway

Understanding the process
Each General/Service manager must confirm with staff that they understand the daily tasks required to track patients along the non-admitted and admitted pathway.

Non Admitted Pathways
- Outpatient (OP) booking staff must deal with referrals as they are received and book to the agreed maximum waiting times/polling ranges for both eRS and paper referrals.
- OP booking staff must escalate to the Service/General manager when referrals cannot be booked into slots within the maximum waiting time/polling ranges or internal stretch targets set by the Provider.
- Operational managers must check the numbers booked into OP slots per week (within and outside of the polling ranges).

Service Managers must review the non-admitted PTL and check where patients are waiting for:
- OPFA
- Diagnostic
- Results
- Clinical decision
- Follow up

General Managers must review compliance with the use of outcome forms by specialty or consultant and take necessary actions.

Admitted Pathways
- General/Service managers must ensure that staff complete Decision To Admit (DTA) and agree a time frame for entering onto PAS.
- The Admissions staff will meet weekly with Service Managers and Theatre Managers to review the theatre capacity available/required
- General Managers to confirm with each specialty the target from DTA to admission.

Admission staff must escalate if they do not have sufficient capacity to book patients into within the target and with reasonable notice ie. three weeks

Performance Reporting
General Principles
- The Trust Board monitors RTT performance against patient access targets on a monthly basis.
- The Business Intelligence Unit oversees the development of reporting mechanisms to support monitoring and compliance against access targets.
- The Delivery and Performance Team ensure that key access, efficiency and data quality targets are achieved. It receives weekly reports on a range of indicators at clinical unit and speciality level including:-
    - Waiting list size against plan
    - Diagnostics waits (breaches within 6 weeks)
    - Milestone breaches
    - Compliance forecast
    - Performance against trajectory
- The Delivery and Performance Team identifies issues of non-compliance against access and data quality targets and agrees and monitors actions to address this.

- The Delivery and Performance Team escalates non-compliance against access targets to Clinical Leaders Team.

Glossary of Definitions

Active Monitoring (Also known as 'watchful waiting')

- An 18 week clock may be stopped where it is clinically appropriate to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures. A new 18 week clock would start when a decision to treat is made following a period of active monitoring.

Active Waiting List

- Patients awaiting elective admission for treatment and are currently available to be called for admission.

Unable to Attend (UTA)

- Patients who, on receipt of reasonable offer(s) of admission, notify the hospital that they are unable to attend.

e-Referral Service (eRS)

- A method of electronically booking a patient into the hospital of their choice.

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 who are not intended to stay in hospital overnight.

Decision to Admit date (DTA)

- The date on which a consultant decides a patient needs to be admitted for an operation. This date should be recorded in the case-notes and used to calculate the total waiting time.

Did Not Attend (DNA)

- Patients who have been informed of their date of admission or pre-assessment (inpatients/day cases) or appointment date (outpatients) and who without notifying the hospital did not attend for admission/ pre-assessment or OP appointment.

First Definitive Treatment

- An intervention intended to manage a patient's disease, condition or injury and avoid further invention. What constitutes First Definitive Treatment is a matter for clinical judgement, in consultation with others as appropriate, including the patient.

Inpatients

- Patients who require admission to hospital for treatment and are intended to remain in hospital for at least one night.

Outpatients

- Patients referred by a General Practitioner or another health care professional for clinical advice or treatment.

MDS

- Inter-provider administrative data transfer minimum data set.

Primary Targeting List or Patient Tracking List (PTL)

- The PTL is a list of patients (both inpatients and outpatients) whose waiting time is approaching the guarantee date, who should be offered an admission/appointment before the guarantee date is reached.

Reasonable Offer

- For an offer of an appointment to a patient to be deemed reasonable, the patient must be offered the choice of dates within the timescales referred to for outpatients, diagnostics and in patients.

Referral to Treatment (RTT)

- Instead of focusing upon a single stage of treatment (such as outpatients, diagnostic or inpatients) the 18 week pathway addresses the whole patient pathway from referral to the start of treatment.

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. Usually telephoned offers are confirmed by a formal written offer.

NHSI elective care model access Policy

References

- **The Operating Framework for the NHS in England 2015/16**
- **Department of Health – NHS Constitution: January 2009**
- **Raising Concerns Procedure. ESHT Policy Document Nov 2014**
- **National Imaging Board: Radiology Reporting Times, Best Practice Guidance. Nov 2012**
- **NHS England - Recording and reporting RTT guidance Oct 2015**
- **NHS England - Recording and reporting RTT guidance FAQ's Oct 2015**
- **Referral to treatment consultant led waiting times Rules Suite. October 2015**
- **Fast Track Access to Trust Clinical Services**
- **Armed Forces Covenant, Ministry of Defence 2015**

1. Monitoring Compliance with the Document

Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/ group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Administration of pathways	Associate Director for Performance	Dashboard and KPIs	Monthly	Senior Leaders Forum, Contract Performance meeting, Integrated Performance Review Meetings Reviews, NHSI Oversight	Delivery & Performance Manager, 18 week team, Clinical Administration team	Senior Leaders Forum, Contract Performance meeting, Integrated Performance Review Meetings Reviews, NHSI Oversight
Performance against standards	Chief Operating Officer	PTL	Monthly		General Managers	
Accuracy of data through validation	Associate Director for Performance	PTL	Daily		Delivery and Performance team, Business Intelligence	

A Due Regard, Equality & Human Rights Analysis form must be completed for all procedural documents used by East Sussex Healthcare NHS Trust. Guidance for the form can be found here on the Equality and Diversity Extranet page.

East Sussex Healthcare NHS
NHS Trust

Due Regard, Equality & Human Rights Analysis

Title of document: **Elective Care Access Policy**
Who will be affected by this work? Patients
Please include a brief summary of intended outcome: to ensure that all patients are treated in accordance with national standards for RTT, Cancer and Diagnostics

		Yes/No	Comments, Evidence & Link to main content
1.	**Does the work affect one group less or more favourably than another on the basis of:** (Ensure you comment on any affected characteristic and link to main Policy with page/paragraph number)		
	• Age	No	Page 3 Key Principles
	• Disability (including carers)	No	Page 3 Key Principles
	• Race	No	Page 3 Key Principles
	• Religion & Belief	No	Page 3 Key Principles
	• Gender	No	Page 3 Key Principles
	• Sexual Orientation (LGBT)	No	Page 3 Key Principles
	• Pregnancy & Maternity	NA	
	• Marriage & Civil Partnership	No	Page 3 Key Principles
	• Gender Reassignment	No	Page 3 Key Principles
	• Other Identified Groups	No	Page 3 Key Principles
2.	**Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?**	Yes	Cancer and urgent patients, War veterans – page 3 Key Principles and members of staff – page 8 Referral Standards
3.	**What are the impacts and alternatives of implementing / not implementing the work / Policy?**	Staff not understanding the waiting and treatment times leading to patients not being treated in a timely fashion and not adhering to national standards.	
4.	**Please evidence how this work / Policy seeks to "eliminate unlawful discrimination, harassment and victimisation" as per the Equality Act 2010?**	See Key Principles on page 3	
5.	**Please evidence how this work / Policy seeks to "advance equality of**	See Key Principles on page 3	

	opportunity between people sharing a protected characteristic and those who do not" as per the Equality Act 2010?	
6.	**Please evidence how this work / Policy will "Foster good relations between people sharing a protected characteristic and those who do not" as per the Equality Act 2010?**	See Key Principles on page 3
7.	**Has the Policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)**	See Key Principles on page 3
8.	**Please evidence how have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?**	See Consultation table on page 2
9.	**Have you have identified any negative impacts or inequalities on any protected characteristic and others? (Please attach evidence and plan of action ensure this negative impact / inequality is being monitored and addressed).**	No