Patient access to elective care policy

Target audience:	All staff involved in the management and treatment of elective care patient pathways
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Directorates:	Cross-directorate
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This policy has been written for implementation during periods of standard functioning within the Trust. Outside of those periods (such as major incidents or national emergencies) other 'emergency' policies may be written to supersede or run alongside this policy

Requirement for document:	To provide guidance to directorates and clinicians to support and monitor referral to treatment times in accordance with the Department of Health and Social Care guidance. To ensure that patients are treated appropriately in a timely manner.
Cross references (external):	1. Referral to Treatment consultant led waiting time - rules suite https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks 2. Right to Start Consultant led treatment within 18 weeks https://www.nhs.uk/using-the-nhs/nhs-services/hospitals/guide-to-nhs-waiting-times-in-england/ 3. NHS England. Consultant-led Referral to Treatment Waiting Times Rules and Guidance https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/ 4. NHS Constitution for England 2015 https://www.gov.uk/government/publications/the-nhs-constitution-for-england 5. Department of Health and Social Care - Overseas NHS visitors: implementing the charging regulations https://www.gov.uk/government/publications/overseas-nhs-visitors-implementing-the-charging-regulations 6. Royal College of General Practitioners Good Medical Practice for GP 2008 https://www.lmc.org.uk/visageimages/guidance/2008/rcgp_good_medical_practice_for_gps_july_2008.pdf 7. NHS England Guidance 2018, Access to Health Services for Military Veterans https://www.nhs.uk/using-the-nhs/military-healthcare/priority-nhs-treatment-for-veterans/ 8. Armed Forces Covenant https://www.armedforcescovenant.gov.uk/ 9. Elective Care Model Access Policy Final version 1.1 January 2019, NHS England and NHS Improvement https://improvement.nhs.uk/documents/1583/Elective_care_model_access_policy__1.1_January_2019.pdf 10. NHS Operational Planning and contracting guidance 2020/21 https://www.england.nhs.uk/publication/nhs-operational-planning-and-contracting-guidance-2020-21/ 11. NHS digital, NHS e-Referral Service, https://digital.nhs.uk/services/e-referral-service 12. NHS Improvement, Elective care guide Referral to treatment pathways: A guide to managing efficient elective care, May 2017 https://improvement.nhs.uk/documents/986/Elective_care_guide_third_edition_-_May_2017.pdf 13. Kent and Medway clinical commissioning groups' (CCGs') schedule of policy statements for health care interventions, and referral and treatment criteria (April 2019) https://www.westkentccg.nhs.uk/about-us/individual-funding-requests/access-to-common-treatments/ 14. Guidance, The NHS Choice Framework: 14 January 2020 https://www.gov.uk/government/publications/the-nhs-choice-framework

Associated documents (internal):	• Cancer Services access policy and procedure [RWF-OPPPCSS-NC-CAN1] • Deprivation of Liberty Safeguards (DoLS) policy and procedure [RWF-NUR-NUR-POL-3] • Disciplinary Policy and Procedure [RWF-OPPPCS-NC-WF10] • Domestic abuse / violence policy and procedure, for patients and for staff [RWF-OPPPCS-NC-NUR7] • Escalation and patient flow management policy and procedure, [RWF-OPPPES-C-AEM8] • Healthcare records policy and procedure [RWF-OPPCS-NC-TM31] • IR(ME)R patient identification for referrals to Radiology [RWF-OWP-APP596] • Medical staff leave policy and procedure [RWF-OPPPCS-NC-WF42] • Overseas visitor policy and procedure [RWF-OPPCS-NC-TM24 • Performance Management (Capability) policy and procedure [RWF-OPPPCS-NC-WF53] • Performance Management (Capability) Policy and Procedure [RWF-OPPPCS-NC-WF53] • Planned Care Co-ordination, Operational Policy, (Clinical Outsourcing) available from the Planned Care Co-ordination Office • Policy and procedure for the admission of young persons (16 and 17 year olds) to acute adult services wards [RWF-PAE-POL-3] • Safeguarding adults at risk policy and procedure [RWF-OPPPCS-C-NUR5] • Safeguarding children policy and procedure [RWF-OPPPCS-C-NUR6] • Safeguarding children supervision policy and procedure [RWF-OPPPCS-NC-NUR5]

Keywords:	Patient access	Waiting times	18 weeks RTT
	Diagnostics	Outpatients	Admissions
	Waiting list	e-referral system	e-RS
	Clock stop	Elective	

Version control		
Issue:	**Description of changes:**	**Date:**
4.0	Review and updated whole document to reflect changes in national policy including latest waiting times guidance from Department of Health to be introduced from October 2015. Policy now covers general principles with details of how to make transactions have been moved into the appendices to improve clarity of the document. Policy was also reviewed by Intensive Support Team from NHS England in Sept 2015. Further updates made following PRC comments including ensuring all abbreviations are explained when first used, reviewing formatting and numbering system as well as referencing most up to date documents	February 2016
4.1	Added personal names of staff who have consented to include their email addresses in appendix	January 2017
5.0	Reviewed and updated document to reflect changes and recommendations.	September 2020

Maidstone and Tunbridge Wells NHS Trust

Summary for

Patient access to elective care policy

The purpose of this policy is:

To provide guidance to directorates and clinicians to support and monitor referral to treatment times in accordance with the Department of Health and Social Care guidance.

To ensure that patients are treated appropriately in a timely manner, by handling referrals and appointments efficiently and equitably in accordance with national guidance and to ensure that the patient's best interests are at the forefront.

To ensure that data is collected and recorded in a timely and accurate way, in order to support best practice and information governance standards and requirements.

Contents

1.0 Introduction, purpose and scope

The Trust is committed to providing an exemplary standard of patient access, as is required and expected of a modern and efficient NHS service provider. The Trust is committed to reducing waiting times, offering quick and reliable access to services and to providing patient choice.

The Department of Health and Social Care has committed the NHS to providing the 18 week pathway which monitors the total period waited by each patient and the expectations to manage each patient's journey from receipt of new outpatient referral to completion of investigations or elective treatment and discharge back to the GP.

This policy should be used as the lead policy under which all operational policies relating to referral to treatment pathways are developed. The Patient Access Team are responsible for producing and maintaining standard operating procedures which reflect the standards set out in this policy, including effective monitoring systems.

As prime provider for planned care, the Trust is the main referral point of access for all Kent and Medway CCG referrals into secondary care for elective planned care. From this point, a patient pathway can be managed by either the Trust or be referred onto another provider including the independent sector (IS), by the Trust Planned Care Co-ordination Team. The SOP to support this is available as a separate document within the Planned Care Co-ordination Office.

The purpose of this policy is to ensure that referrals are handled efficiently and equitably, in line with national guidance and to respond to patients' choices and act within the patient's best interests at all stages of the pathway.

This policy should be read in full by all applicable staff once they have successfully completed the relevant training. It should not be used in isolation as a training tool.

Emergency admissions are managed on a different pathway, but at any point where an appointment is required this policy applies for booking and management of that appointment.

This policy and procedure does not include guidance on managing cancer pathways which are covered in a separate policy (Cancer Services access policy and procedure). However this policy does provide guidance on booking, cancellation and DNA policies which should be followed by the teams, but see exclusions in section 6.3.

2.0 Definitions/glossary

Term	Definition
Active monitoring	Active monitoring commences when a decision is made (and agreed with the patient) that it is clinically appropriate to start a period of monitoring, possibly whilst the patient receives symptomatic support, but without any specific or significant clinical intervention at this stage. Active monitoring may be initiated by either a care professional or a patient. The start of active monitoring ends a referral to treatment period. During active monitoring the patient remains under the care of a consultant although the General Practitioner will be updated with their progress.
Active waiting list	The list of elective patients who are fit and able to be treated at that given point in time. The active waiting list is also the list used to report national waiting times statistics.

Term	Definition
Admitted pathway	A pathway that ends in a clock stop for admission (day case or inpatient).
Appointment slot issue	Appointment slot issue is when a patient is unable to directly book their first outpatient appointment through the national e-Referral Service (e-RS).
ASA4	American Society of Anesthesiologists physical status classification system for a patient with severe systemic disease that is a constant threat to life.
BADS	British Association of Day Surgery
Basket of procedures	List of procedures that can successfully be completed as Day Case surgery, according to BADS
Bilateral (procedure)	A procedure that is performed on both sides of the body at matching anatomical sites e.g. removal of cataracts from both eyes.
Breach	Patient episode that over-runs the maximum wait time from referral to first treatment.
Cancelled operations or procedures	If the Trust cancels a patient's operation for non-clinical reasons, they are required to offer a new date within the next 28 days. This is a pledge in the NHS Constitution. This 28-day standard covers all planned and booked hospital operations, including day surgery. It does not cover minor operations/procedures carried out at outpatient appointments or clinics.
Cashing up	The process of attaching an outcome to the appointment of each patient on the Patient Administration System.
CAU	Clinical Admin Units; the group of staff, who are normally co-located, who are responsible for the management of patient pathways and booking of outpatient and inpatient treatment.
CCG	Clinical Commissioning Group are membership bodies, with local GP practices as the members responsible for commissioning healthcare including mental health services, urgent and emergency care, elective hospital services, and community care; independent, and accountable to the Secretary of State for Health and Social Care through NHS England.
Children and young people	The policy defines children and young people in accordance with the Children's Act (2004). All children under 18 or additionally young people under 20 years of age who have (a) been looked after by a local authority at any time after attaining the age of 16; or (b) have a learning disability defined as a state of arrested or incomplete development of mind, which induces significant impairment of intelligence and social functioning (Children's Act 2004) must have their needs assessed in line with this policy. Clinical judgment should apply at all times in the application of this policy to the assessment and treatment of children and young people as vulnerable patients. (See also Policy and procedure for the admission of young persons (16 and 17 year olds) to acute adult services wards).
Choice	Patients listed for elective surgery may be offered the choice of a different provider in line with the NHS choice framework.

Term	Definition
Chronological order/ in-turns	This is a general principle that applies to patients categorised as requiring routine treatment (as opposed to urgent treatment). All these patients should be seen or treated in the order they were added to the waiting list and within their 18 week pathway
Clock Start/Stop	Refers to the start and stop of the patient pathway and is used to calculate the number of days/weeks in that pathway, which is usually a maximum of 18 weeks. A patient may have more than one clock running at the same time either in the same or different specialities.
Consultant-Led outpatient Clinic	An administrative arrangement enabling patient's to see a consultant, the consultant's staff and the associated health professionals. The holding of a clinic provides the opportunity for consultation, investigation and treatment. Patients normally attend by prior appointment. Although a consultant is in overall charge, the consultant may not be present on all occasions that the clinic is held. However, a member of the consultant's team or locum for such a member must always be present. An individual consultant may run more than one clinic in the same or in different locations. The clinic might be face to face, telephone or video conferencing. This policy applies to all such methods.
Day case	A patient who requires admission for treatment but who is not expected to stay beyond midnight.
Decision to admit (DTA)	The point at which the clinician and patient agree the treatment as a day case or inpatient is required.
Decision to treat (DTT)	The date on which the clinician communicates the treatment options to the patient and the patient agrees to treatment.
Did Not Attend (DNA)	Patients who have been informed of their appointment date and who, without notifying the hospital fail to attend their appointment.
DoHSC	Department of Health and Social Care
DORIS	A document organisation, referral and information service, commissioned by the CCG and used by GPs.
Elective admission / Elective patients	In-patients are classified into two groups, emergency and elective. Elective patients are so called because the Trust can 'elect' when to treat them.
Elective booked	Patients awaiting elective admission who have been given an admission date which was arranged and agreed with the patient at the time of the decision to admit.
Elective planned Excluded from active waiting list	Patients who are to be admitted as part of a planned sequence of treatment or investigation. The patient has been given a date, or approximate date at the time a decision to admit was made. The date is set for clinical reasons (e.g. check cystoscopy) and there is no clinical advantage in admitting the patient earlier.
Elective waiting	Patients awaiting elective admission who have yet to be given an admission date.

Term	Definition
Electronic referral system (e-RS)	An e-booking software application designed to enable patients needing an outpatient appointment to choose which hospital they are referred to by their General Practitioner (GP) and to book a convenient date and time for their appointment.
eNotes	The Trust's electronic document management system.
First attendance	The first during a series of attendances (from any source including Emergency Department), with subsequent attendances in the episode recorded as follow up attendances.
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.
Follow-up attendance	Within a consultant outpatient episode are all subsequent attendances to see the same consultant following a first attendance.
General Practitioner (GP)	A physician whose practice consists of providing ongoing care covering a variety of medical problems in patients of all ages, often including referral to appropriate specialists.
Generic referral	A referral to a speciality rather than a named clinician, usually addressed to Dear doctor or Dear colleague.
GPERs (previously GPSI or GPsWIs)	General Practitioners with Extended Roles (GP with special interest).
Intended management: In patient	Patients who require admission to hospital for therapeutic treatment and are intended to remain in hospital for at least one night.
Intended management: Inpatient diagnostic	Patients who require admission to hospital for a diagnostic procedure/ test/ image and are intended to remain in hospital for at least one night.
Intended management: Day case	Patients who require admission to hospital for therapeutic treatment and will need the use of a bed but who are not intended to stay in hospital overnight.
Intended management: Day case diagnostic	Patients who require admission to hospital for a diagnostic procedure/ test/ image and will need the use of a bed but who are not intended to stay in hospital overnight.
Intended management: Regular day patient	Patients who require admission to the hospital for treatment on a regular planned basis.
Inter-provider transfer (IPT)	A patient pathway managed between more than one organisation. Patients may receive more than one definitive treatment in a tertiary centre that specialises in their condition.
Kinesis	An electronic system to connect GPs with local specialists to reduce and avoid unnecessary referrals.

Term	Definition
Low priority procedures	There are a number of procedures, which are not purchased by the CCGs, detailed in the Kent and Medway clinical commissioning groups' (CCGs') schedule of policy statements for health care interventions, and referral and treatment criteria. The schedule of policy statement should be followed by GPs prior to referral and clinicians and managers should be aware of its contents.
Medically unfit	A patient who has a condition that prevents them from continuing along their current pathway of care. Special arrangements must be made for these patients to address their medical condition either in primary or secondary care and to fast track them back into the service if appropriate when they are fit and able to restart a pathway of care (note a new clock will start for these patients).
Minimum data set (MDS)	Specific information about a patient that must be completed and sent with the letter of referral when transferring a patient's care between providers.
Missing referral letter worklist	A list produced via e-RS providing details of electronic referrals made with incomplete information.
National Institute for Health and Care Excellence (NICE)	Provides national guidance and advice to improve health and social care.
Non-admitted pathway	A pathway that results in a clock stop for treatment that does not require an admission or for 'non-treatment'
OPA	Outpatient appointment
OPD	Outpatient Department
Patient administrative system (PAS)	PAS is the primary record of contact with patients, all significant contacts with the patient must be recorded on PAS.
Patient cancellation	Patient who has previously accepted an outpatient appointment time or date for operation and then subsequently notified the hospital that they wish to cancel or change their appointment.
Patient choice	Patients waiting more than 18 weeks without being offered a 'to come in (TCI) date', can be offered the choice of moving to an alternative hospital / provider for faster treatment.

Term	Definition
Patient pathway identifier (PPI)	The unique reference number assigned to a patient's RTT pathway. If the patients' pathway starts with a referral to the hospital, then the PPI will end with either RWF (the Trust's national identifier) or X09 (the e-RS identifier) The PPI number should also be used when patients are referred on to other providers, to record the patient's complete care pathway. A patient can have more than one PPI, with each separate medical condition requiring its own unique PPI. Where a patient is referred from another organisation where the pathway has already started, then the PPI will often feature their unique identifier or E-referral / Choose and Book identifier.
Patient tracking list (PTL)	The report details patients requiring treatment and their current waiting times. The Business Intelligence team is responsible for updating this list. All operational staff will refer to the list to ensure that patients are treated within a maximum waiting time of 18 weeks to their first definitive treatment.
Planned admissions	A planned admission is one where the date of admission is determined by the needs of the treatment, rather than by the availability of resources, for example a repeat endoscopy in six months' time.
Polling ranges	This setting on e-RS defines the number of days into the future that the e-RS system will poll or search for available slots.
Pooled waiting list	A team based approach to managing services within a speciality which aims to equalise differences in waiting times between consultants.
Pre-operative assessment	A system that assesses patients health before they are admitted to hospital to ensure that they are fit to undergo the procedure.
Primary care	Services commissioned by the CCG provided in the community, usually by a GP or another specialist.
Prime provider	From The Kings Fund, Commissioning and Contracting for Integrated Care https://www.kingsfund.org.uk/sites/default/files/kings-fund-commissioning-contracting-integrated-care-nov14.pdf "In a prime contractor model, the CCG contracts with a single organisation (or consortium) which then sub-contracts individual providers to deliver care. The CCG retains overall accountability for the commissioned services, while the prime contractor holds each of the sub-contractors to account individually. The prime contractor takes responsibility for designing a delivery model and patient pathway that will most effectively meet the terms of the contract. It uses the terms of the sub-contracts to stimulate and incentivise the necessary behaviours and performance it wishes to see across other providers. The prime provider model is a significant variation on the prime contractor model in which the contracted organisation also delivers care directly as part of the agreement. The prime provider could be a new or existing provider from within the local health economy, or a consortium of providers and 'integrators'.

Term	Definition
	Similar to the prime contractor model, a prime provider would typically receive a capitated budget to provide all care specified in the contract. The prime provider would also use this budget to 'buy' additional services (through sub-contracts) that it cannot deliver directly." This model is in place in the Trust for elective care.
Rapid Access Chest Pain Clinic (RACPC)	A fast track service for patients with chest pain for referral to a cardiologist; these patients must be seen within two weeks from the date of the GP referral.
Reasonable offer	Refers to the notice given to a patient by the hospital for a forthcoming appointment or admission for elective care. A reasonable offer of an appointment is one for a time and date three or more calendar weeks from the time that the offer was made. It is good practice to offer patients at least two reasonable offers. A reasonable offer may be at any of the Trust's sites of facilities of K&MCCG. Exceptions to this are those patients who are referred into the RACPC, breast referrals and the suspected cancer referral pathway.
Referral request received	For e-RS the waiting time commences upon conversion of the unique booking reference number (UBRN). The waiting time for a first outpatient appointment is calculated from the date the paper referral request is received in the Trust, which must be date stamped immediately upon receipt. For orthopaedic adults: If patient has had treatment in the musculo-skeletal single point of access (MSK), the start date is from date of referral from MSK, if patient hasn't had treatment, start date is from GP ref to MSK date.
RIS	The radiology information system (RIS) is a networked software system for managing medical imagery and associated data. A RIS is especially useful for tracking radiology imaging orders, and is often used in conjunction with picture archiving and communication system to manage image archives, record-keeping and billing.
RMC/RMS	Referral Management Centre or Referral Management Service, a system commissioned by the CCG to monitor, direct and control referrals from secondary care into the Trust.
RTT	Referral to Treatment time, 92% of patients should wait less than 18 weeks (126 days) from referral to the treatment.
RTTr	Trust's internal website for managing RTT data quality issues, validation and RTT reporting.
Secondary care	Services provided in a hospital setting.
Self-deferrals	Patients who, on receipt of offer(s) of admission (TCIs), notify the hospital that they are unable to attend and the TCI date is therefore cancelled by the patient.

Term	Definition
Self-referral	A patient who contacts the hospital directly. The patient will have been undergoing care but may have been either medically unfit or unavailable to come in for further treatment. Arrangements will have been put in place by the hospital for the patient to contact a named person directly once they are fit and ready to continue with treatment.
Standard operating procedure (SOPs)	A standard operating procedure is a set of step-by-step instructions compiled to help Trust carry out complex routine operations. SOPs aim to achieve efficiency, quality output and uniformity of performance, while reducing miscommunication and failure to comply with Trust policies and procedures.
Straight to test	Straight to test (STT) is an agreed pathway whereby patients have their investigations/tests, often following triage by a specialist nurse, before they see the Consultant in the outpatient clinic.
TCI	To come in (date)
Tertiary centre	A third party organisation that usually supplies specialist services to a regional area.
Theatreman	The Trust's electronic system for the management of theatre scheduling and management of the patient episode during the theatre episode including timings, audit and reporting functionality.
Tolerance	The percentage agreed by the Department of Health and Social Care which Trusts may use to account for 1) patients who have been waiting greater than 18 weeks without a first definitive treatment, usually because of a medical reason or patient choice 2) Diagnostic waiting times, which states that 99% of patients must have their diagnostic test/procedure carried out within 6 weeks from the date of the request.
Unique booking reference number (UBRN)	A number given to a patient to progress to an electronic referral. The number is unique to a specific pathway for a patient and is used to identify a single patient clock or pathway. A patient may have more than one pathway simultaneously, so more than one UBRN.
Vulnerable adult	Someone who is aged 18 years or over who is, or may be, in need of community care services by reasons of mental health or other disability, age or illness and who may be unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.

3.0 Duties

Person/Group	Duties
Trust Executives	Have overall responsibility and accountability for delivering access targets.
Chief Operating Officer (COO)	• Responsible for ensuring that there are robust systems in place for the audit and management of the access targets. • Monitors waiting times and service level performance through the Directorate Performance Boards, Executive Management Board and will review all external reports for verification. • Responsible for reporting the performance against the RTT Waiting Times Targets to the Board.
Divisional Director of Operations - Surgery	• Responsible for monitoring performance against the RTT 18 week pathway. • Oversees the clinical directorates ensuring that sufficient capacity is provided in order to meet the RTT targets. • Is the direct point of contact for the Head of Performance/Delivery and escalate any potential failures of the targets to the COO. • Has overall responsibility (with appropriate delegation to the Head of Performance & Delivery) for implementing any necessary recovery plans.
Head of Performance and Delivery - Surgery	• Responsible for overseeing the delivery of referral to treatment performance for the Trust. • Responsible for the operational management of the Patient Access Team. • This is a key leadership role with an emphasis on operational delivery and performance, but also contributing to strategic direction of clinical pathways across the Trust. • Provides strong local leadership to the Clinical Administration Units (CAUs) to balance strategic plans with operational needs to ensure robust delivery and on-going review of capacity and demand.
Patient Access Manager	• Responsible for the direct line management of the Patient Access Team. • Responsible for the consistent on-going support provided to the clinical teams across the directorates to ensure appropriate management of their pathways. • Responsible for the weekly production of supporting reports and guidance for the operational teams to manage their pathways efficiently and effectively.
e-RS Lead	• Responsible for having a comprehensive understanding of the e-Referral system to offer advice and guidance to clinical and non-clinical staff. • Provides accurate and timely reports on waiting times and polling ranges for Outpatient appointments. • Supports services with the implementation of appropriate ways to reduce wait times.

Person/Group	Duties
Speciality Management Teams	• Responsible for ensuring the NHS e-referral service directory of services (DOS) is accurate and up-to-date. • Responsible for providing sufficient capacity within the speciality in order to ensure that the elective waiting times targets can be met. • General Managers ensure that patient appointments, letters, to come in (TCI) dates and other patient related issues are resolved in a timely manner. • General Managers are responsible for the overall delivery, monitoring and development of the 18 week pathway and the departments' local inductions must reflect this. • Deputy/Assistant General Managers are responsible for ensuring data is accurate and services are compliant with this policy. • CAU team leaders meet weekly with the Patient Access Manager to review the PTL, date long waiters and provide feedback on data quality issues.
Consultants and clinical staff	• Have a shared responsibility (in conjunction with the General Managers) for managing patient waiting times in accordance with the national waiting times standards, adhering to local tumour specific policies and ensuring that patients are treated in a timely and clinically appropriate manner. • If a patient is unavailable for a significant period from the date of appointment (either inpatient, day case or out-patient) offered to them, the clinician must discharge the patient back to their GP/referring clinician in writing. This is to ensure they receive timely assessments/treatments for their condition and do not continue to wait indefinitely. • Clinicians should provide booking staff with guidelines as to how long (in general) patients should be allowed to defer their treatment without further clinical review. • Consultants and clinical staff must make and agree clear outcomes for patients seen and communicate these electronically on the Patient Administration System or on outcome forms following clinics during PAS downtime.
Endoscopy direct access booking team	(MTW has implemented a number of straight to test pathways for patients requiring an endoscopy. For these pathways referrals are received at the Trust and sent to the appropriate clinic team for medical triaging. Suitable patients go straight to test.) • The endoscopy team must contact the patient and offer them a TCI for a scope. This scope must occur within 14 days of receiving the referral. The SOP to support this is available as a separate document within the Department.
Radiology direct to test booking team	(The Trust offers a number of patient pathways whereby the referring clinician can send the patient straight to test.) • The Radiology team must contact the patient directly to agree the TCI date. The SOP to support this is available as a separate document within the Radiology Department.

Person/Group	Duties
CAU administrative staff	Waiting list administrators, including clinic staff, booking clerks, pathway coordinator, assistant pathway coordinators, support secretaries and medical secretaries in the Clinical Administrative Units are responsible to General Managers for ensuring that all patients are managed in accordance with this policy.
Associate Director of Business Intelligence	• Responsible for the PTL and RTTr which supports the divisions in managing waiting lists and RTT standards. • The Business Intelligence Team is responsible for producing and maintaining regular reports to enable divisions to accurately manage elective pathways and ensure compliance with this policy.
All staff involved in support of the elective care pathway	All staff must abide by the principles of this Policy and by the operational policies documented for their respective departments, functions and services. All staff have a responsibility to identify patients who are overseas visitors and to refer them the Overseas Manager in the Finance directorate for clarification of status regarding entitlement to NHS treatment before their first appointment is booked or date to come in (TCI) agreed.

3.1 Other roles

3.1.1 The Trust's expectations of patients

- It is vital that patients inform the hospital of any changes to their name, address, contact number or GP to ensure correspondence reaches them.
- Patients should keep their appointments, and make every effort to arrive on time.
- If the patient cannot attend, they should inform the hospital with as much notice as possible.
- Patients must inform their GP if their medical condition improves or deteriorates in any way which may affect their attendance.
- Patients who know that they will be unavailable for any period of time and therefore will not be able to attend an appointment or admission should inform the hospital with as much notice as possible. If a patient is unavailable they will continue to wait and their clock does not stop, until they are referred by a clinician and referred back to their GP.
- Patients who no longer wish to have their outpatient appointment or admission, for whatever reason, must advise either their referrer or the hospital appointment office. Patients are encouraged to ask staff about any aspect of their care and the steps towards their treatments.
- Patients are encouraged to feedback comments or suggestions regarding their experience of services provided by the Trust.
- Patients are encouraged to ask clinical staff any questions they have regarding their condition, treatment or support before leaving the hospital.

3.1.2 **Kent and Medway Clinical Commissioning Group** is responsible for:

- Ensuring robust communications links are in place to feed back any changes made by the Trust to GPs.
- Promoting use of agreed electronic referrals e.g. e-RS to improve patient experience and reduce waste.

3.1.3 General Practitioners

- Referrers must ensure that referrals are clear and contain the minimum data set required to process referral effectively and efficiently.
- GPs are responsible for ensuring patients are aware of the likely waiting times for a new outpatient consultation and of the need to be contactable and available when referred.
- GPs are responsible for ensuring that patients placed on an urgent care pathway are aware of the reasons and urgency of the referral.
- GPs are responsible for following established referral pathways to ensure that patient care is not delayed unnecessarily.

4.0 Training / competency requirements

Managers in all areas are responsible for ensuring that staff are adequately trained, aware of and work within the Trust's policy requirements. The Patient Access Team delivers bespoke training at service level for both clinical and administrative staff.

4.1 Staff competency and compliance

This section covers how staff must demonstrate competency and compliance with the access policy.

Competency:

- As a key part of their induction programme, all new starters to the Trust undergo mandatory elective care training applicable to their role.
- All existing staff undergo mandatory elective care training on at least an annual basis.
- All staff, as applicable, carry out competency tests that are clearly documented to provide evidence that they have the required level of knowledge and ability
- This policy, along with the supporting suite of SOPs, forms the basis of contextual training programmes.

Compliance:

- Directorates, specialities and staff are performance managed against key performance indicators (KPIs) applicable to their role. Role-specific KPIs are based on the principles in this policy and the specific aspects of the Trust's standard operating procedures.
- In the event of non-compliance, a resolution should initially be sought by the team, speciality or individual line manager. The matter should then be dealt with via the Trust's disciplinary or capability procedure.

5.0 Additional information

5.1 Definition of waiting time

A patient's waiting time is calculated from receipt of a new referral to treatment or discharge of the patient back to the GP. Treatment is defined as the start of the first treatment that is intended to manage a person's disease, condition or injury. This may be an admission or a treatment in clinic.

The NHS has set maximum waiting time standards for elective access to healthcare. In England, waiting time 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

Individual patient rights:
The NHS Constitution clearly sets out a series of pledges stating what patients, the public and staff can expect from the NHS. The NHS constitution states that:

"The NHS pledges to:

- provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution
- make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered
- make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them."

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 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, sexual orientation or any of the protected characteristics.

All patients referred to the Trust as an 'elective' patient are measured against the 18 week referral to treatment target with the exception of direct referrals to clinics from the Emergency Department and patients on a cancer pathway (see exclusions section 6.3).

The maximum wait for the entire patient pathway from referral to first definitive treatment is 18 weeks.

This target includes all the stages of the patient's pathway including outpatients, diagnostics and inpatients.

The Trust is required to continue to adhere to the tolerance set by the DHSC in relation to the 18 week target for incomplete pathways, which states that 92% of patients still awaiting first definitive treatment should be waiting less than 18 weeks. These standards are expected to be achieved at individual speciality level as well as an aggregate of the Trust.

The 18 week patient pathway is triggered by referrals to consultant-led services from GPs, GDPs, GPERs (previously GPwSIs), Optometrists, Orthoptists, Emergency Department, Minor Injuries Units, Walk in Centres, Genito Urinary Medicine clinics, national screening programmes, Specialist Nurses and Allied Health Professionals.

As part of the referral to treatment pathway the national rules make reference to clock starts and stops.

5.2 Service standards

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

Key standards for implementation include the following:

- Urgent patient contacted by the Trust after addition to waiting list (within 48 hours of decision)
- Routine patient contacted by the Trust after addition to waiting list (within two weeks of decision)
- Urgent diagnostic reporting (within 24 hours of image)
- Routine diagnostic reporting (within 48 hours of image)

5.3 National referral to treatment and diagnostic standards

Referral to treatment:

Incomplete:
92% of patients on an incomplete pathway (i.e. still waiting for treatment) must be waiting no more than 18 weeks (or 126 days)

Diagnostics: Applicable to diagnostic tests:
99% of patients must undergo the relevant diagnostic investigation within five weeks and six days (or 41 days) from the date of decision to refer to appointment date.
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.

5.4 Notice of annual/study/professional leave

Consultants, medical staff and other health professional staff must give at least six weeks' notice of annual leave. Where this is not given, the Consultants team or alternative health professional must cover the clinic. Notification will only be accepted in writing on the appropriate leave form that clarifies the arrangements to cover duties during absence on leave. Notice should be given as early as possible to minimise the effect on clinics. This is the responsibility for the General / Assistant General Manager for the Speciality.

Approved cancelled clinics and theatre sessions due to leave should be taken up by other Consultants/Specialities wherever possible to ensure maximum utilisation. This process is managed by the General Manager.

Clinics that require cancellation as a result of annual/study leave with less than 6 weeks' notice will require written approval by the Clinical Director and Divisional Director of Operations and the General / Assistant General Manager for the Specialty should be informed. Where this is less than two weeks' notice, the patient must be telephoned by the CAU team.

5.5 Booking capacity

Where the number of patients on the outpatient waiting list outweighs the number of slots available, the specialty manager responsible for the service must be informed by the CAU and must make appropriate arrangements for extra capacity. Specialty managers should review their outpatient waiting lists with clinic coordinators weekly to ensure proactive plans for capacity issues are in place.

6.0 Prior to appointment

6.1 Patient eligibility

All trusts have 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.

Eligibility for NHS care is dependent on residency status, irrespective of nationality and determined by whether the patient is 'ordinarily resident'.

The trust intends to check every patient's eligibility for treatment. All staff have a responsibility to identify patients who are overseas visitors and to refer them the Overseas Visitor Manager in the Finance Directorate for clarification of status regarding entitlement to NHS treatment before their first appointment is booked or date to come in (TCI) agreed. Therefore, at the patient's first contact with the NHS regarding treatment, patients will be asked questions that will help the trust 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

At the time of writing, citizens of the European Union (EU) who hold a European Health Insurance Card (EHIC) are also entitled to free healthcare, although the Trust will recover the cost of treatment from the country of origin. After December 2020 EHICs may no longer entitle citizens of the EU to free healthcare, check with the 'Overseas visitor policy and procedure'.

6.2 Clock starts

A patient's RTT pathway clock starts from:

- **For referrals received through NHS e-Referral (eRS),** the date the patient converts their UBRN. For paper referrals this is the date the Trust receives the referral.
- **For patients who book their appointment via Telephone Appointment Line (TAL)**, the date the patient calls to make an appointment and gives their UBRN.
- **ASI (Appointment Slot Issue)**, the date where the appointment was 'Defer to Provider'.
- **RAS (Referral Assessment Service),** the date the referral was received into the worklist 'Request Triage'.
- **Directly Bookable Service**, the date the appointment was booked 'booked appointment'.

- **Patients referred via MSK**, with the exception of spinal and paediatrics, all patients pull through to PAS on the 'book appointment' date. This is incorrect as their pathway has already started prior to coming into the Trust. Therefore, the clock start date is 'Request Triage', PAS will need a manual clock adjustment for these patients.
- **For adult orthopaedic patients**, if the patient has had treatment in MSK, the clock start date is from the date of referral from MSK. If patient hasn't had treatment, clock start date is from GP referral to MSK date.
- **When a referral is received into a consultant-led service,** regardless of setting, with the intention that the patient will be assessed and if appropriate, treated before clinical responsibility is transferred back to the referrer.
- **When a patient self-refers into a consultant-led service for pre-agreed services agreed by providers and commissioners.**

If following completion of a referral to treatment period, a patient requires treatment for a substantially new or different condition a new clock starts. This is a clinical decision made in consultation with the patient. However if a referral is needed to another consultant the patient should be referred back to their GP who will make this new referral. Consultant to consultant referrals are only permitted in certain cases see section 6.21.

Referrals from primary care to the following services will not start the clock:

- Therapy, healthcare science or mental health services that are not medical or surgical consultant-led (including multi-disciplinary teams and community teams run by mental health trusts) irrespective of setting
- Diagnostic services if the referral is not part of a straight-to-test (3 months) arrangement

6.3 Exclusions

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

- Patients referred on the cancer pathway (two week wait referrals)
- 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

6.4 Communication

All communication with patients, anyone else involved in the patient's care pathway (e.g. general practitioner (GP) or a person acting on the person'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 healthcare records, on PAS via e-notes, or stored electronically for auditing purposes. Clinicians should follow the Correspondence Policy when communicating with patients, including using the clinical correspondence template.

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

6.5 NHS e-Referrals (e-RS)

e-RS is the contractually required method of receiving referrals from GPs and Referral Management Centres (RMCs).

All NHS e-referrals must be reviewed and accepted or rejected by clinical teams within two working day for urgent referrals or five working days for routine referrals. If a referral is rejected, a cancellation notification will be automatically sent back to the referrer via e-RS.

The e-RS Missing Referral letters work list must be reviewed daily by the eRS Team and GP practices contacted to attach the relevant documentation.

Where there is a delay in reviewing e-referrals, this will be escalated to the relevant clinical / management team and actions agreed to address it.

If an NHS e-Referral is received for a service not provided by the Trust, it will be rejected back to the referring GP automatically by e-RS advising that the patient needs to be referred elsewhere. This will stop the patient's RTT clock.

Patients who have been referred via e-RS should be able to choose, book and confirm the appointment prior to the Trust receiving and accepting the referral.

If there are insufficient slots available for the selected service at the time of attempting to book (or convert their UBRN), the patient will automatically 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 by the CAU within five working days 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 cancelled and rebook letter of the appointment change will be automatically sent to the patient. The patient's RTT clock will continue to tick from the original date when they converted their UBRN.

6.6 The national telephone appointment line (TAL)

Patients who do not book their appointment while with their GP or on- line can use the national telephone appointment line (TAL) to make their appointment using their UBRN and password.

If this process is not possible due to lack of capacity then the UBRN must be directed to the Trust via the 'defer to provider' function, for the Speciality management team to resolve.

Sufficient capacity must be made available to meet demand to ensure 'appointment slot issues' are kept to a minimum. This is the responsibility of the operational/service management team responsible for the speciality. Any issues associated with this must be escalated to the appropriate operational/service managers so they can be discussed at the weekly PTL and access meetings.

6.7 Advice and guidance

Advice and guidance (A&G) is **not** a referral request. Advice and guidance is a communication between GP and secondary care clinician which should be created when a GP is uncertain as to whether a patient requires a referral or not. This A&G is managed on Kinesis. A&G requests received into the Organisation should be viewed and responded to by the appropriate clinical team within five working days.

Reasons why a GP may wish to seek advice and guidance from a clinician include:

- Asking another clinician/specialist for their advice on a treatment plan and/or the ongoing management of a patient
- Asking for clarification (or advice) regarding a patient's test results
- Seeking advice on the appropriateness of a referral for their patient (e.g. whether to refer, or what the most appropriate alternative care pathway might be)
- Identifying the most clinically appropriate service to refer a patient into (and how to find that service – e.g. what clinical term to search on)

The name of the responding clinician should be included in the response.

6.8 Paper referral letters

Paper referrals are not accepted for GP referrals, they are only accepted for certain situations, including:

- Dentist and optician referrals
- Internal consultant to consultant referrals (see section 6.21)
- Emergency Department referrals
- Allied Health Professional referrals
- Referrals into the following departments:
    - Acute Medical Unit
    - Audiology
    - Diagnostic Imaging
    - Radio-iodine Clinic
    - Obstetrics
    - Orthotics
    - Wet AMD Rapid Access
    - Ophthalmology Rapid Access
    - Subfertility Assessment Clinic
    - Fracture Clinic

The referrer is responsible for ensuring that the referral letter contains the essential minimum data set. This includes the patient's NHS number, full patient demographics, co-morbidities or existing medical conditions and including a day, evening and mobile telephone number that the patient would like to be contacted on as well as sufficient clinical data to enable the appropriate appointment to be made. The letter should also state the patient's current drug regime, clinical questions to be answered and significant past medical history.

In cases where the referral offers incomplete clinical information to appropriately triage, a clinician may reject the referral and return it to the originating referrer by post.

Referrals should be addressed to a speciality rather than a named consultant and referrals will be allocated to the consultant with the shortest RTT waiting time. Named referrals are allocated to the relevant consultant, but if they do not have sufficient capacity to accept the referral a decision must be made in conjunction with the consultant and the speciality General/Assistant Manager to allocate the referral to an appropriate alternative consultant. Exceptions to this would be where denying access to a sub speciality opinion would compromise clinical care.

Referrals that are deemed to be misdirected to the wrong Consultant specialist are redirected as appropriate but may be returned to the originating referrer at the discretion of the clinician.

Paper referrals are received into the Trust and are then date stamped and logged onto the generic wait list function on PAS. This is process is managed by CAU.
For Paper Referrals, the 18 week clock starts on the date that the referral letter is received by the Trust.

Any referrals identified as needing to be sent back to Primary Care i.e. inappropriate referrals, must be returned to the referrer with an explanation. The patients are then removed from the 18 week pathway and this is communicated back to the referrer by the CAU.

Patients are offered the choice of an appointment at their preferred hospital site or in the soonest available appropriate clinic, depending on the capacity and frequency of the clinics.

6.9 Registration

In all instances the patient's PMI (Patient Master Index) on the Trust's PAS System must be searched using the patient's NHS Number, followed by name, DOB, Gender and demographic details.
All referrals from GPs must include:

- Patient's NHS number
- Patient's surname, forename
- Date of birth
- Gender
- Ethnicity
- Full address
- Daytime/evening contact numbers/mobile numbers
- GP details
- Medical history

Referrals received that do not contain the key clinical information to support appropriate triaging will be returned to the patient's GP with an explanatory letter. All paper referrals are date stamped on receipt in the Trust. If the patient is already registered on the PAS, the details must be checked and corrected if necessary. If the patient is not registered on PAS, full patient details will be entered on the PAS by the CAU to allocate a hospital number. Referrals should be registered within 48 hours of receipt and prior to triage.

6.10 Private patients transferring to the NHS

Patients can choose to convert 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 hospital.

If a patient has been seen privately, either in the Trust or at another hospital and wishes to be treated as an NHS patient at the Trust by the same consultant; the patient must first obtain an NHS referral letter from their GP or referring consultant.

On receipt of this e-referral the patient can then be treated as a new referral in outpatients or placed on a waiting list for investigations or treatment but will be treated according to their NHS medical priority. The 18 week clock starts at receipt of referral to the NHS.

Patients who are referred via their GPs from a private service can be added direct to the NHS waiting list on the referral received date. They do not need an NHS appointment prior to addition.

6.11 Patients transferring from the NHS to private

NHS patients already on NHS waiting lists opting to have a private procedure must be removed from the NHS waiting list.

A new referral must be created – NHS to private – and a waiting list entry as private patient must be entered on PAS.

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.

6.12 Transfers between providers (inter provider transfers)

Patients may be transferred from the Trust to another provider, or may be transferred into the Trust from another provider, including primary care intermediate services; the standard (MDS) must accompany the referral.

The principal need for using the MDS form is to ensure all service providers involved in a patient's pathway have adequate information about clock starts and other associated information to enable the patient's management to be conducted within appropriate time frames.

Outgoing - If the patient needs to be referred to another provider for the same condition, the 18 week clock is still running until treatment has taken place, irrespective of where that treatment takes place. The trust endeavours to do this within eight weeks of the clock start unless it is a complex pathway and suitable justification is provided for any delays. The referral letter to the new provider should include the minimum data set (MDS) information as extracted from PAS and sent via nhs.net.

Incoming – Incoming IPTs must contain the MDS information and should be registered on PAS using the 18 week pathway information provided. Incoming IPTs should be received within a maximum of 8 weeks from date of original referral in order to fulfil the RTT pathway requirements. Any referral received into the Trust beyond the eight weeks is returned to the referrer unless it is a complex pathway where there is sufficient justification for the delay incurred

6.13 Low priority procedures

Low priority procedures guidance from K&MCCG (see references) must be adhered to – any procedures undertaken without prior authorisation, will not be authorised by the CCGs. A GP should request an opinion via Kinesis prior to referral to secondary care for conditions that are normally within this exclusion group (see advice and guidance Section 6.7). In these circumstances the 18 week clock will begin when approval for referral to secondary care has been received by the GP and the GP proceeds to make a formal referral. Eligibility for referral will be checked by the clinician at triage on e-RS.

6.14 Patients requiring commissioner approval

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.

No referral for an excluded procedure should be accepted without an exceptional treatment approval form from the relevant CCG. If the referral does not have the relevant approval, the referral should be rejected and returned to the GP for them to request exceptional treatment funding via the relevant CCG panel.

6.15 Access to health services for military veterans

In line with December 2008 guidance from the Department of Health and the Armed Forces Covenant, published in 2015, all veterans and war pensioners should receive priority access to NHS care for any conditions which are 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 should notify the Trust of the patient's condition and its relation to military service when they refer the patient so that the Trust can ensure that 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 clinical priority.

6.16 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 works 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 criteria.

6.17 Offer of appointment

Under the 18 week rules patients referred into the Trust should be available and fit to have their first treatment.

For outpatient appointments, the Trust will offer the patient two separate dates with at least three weeks' notice and ideally within eight weeks of the clock start date.

Patients unable to accept offered dates within the eight weeks of the first date offered are clinically reviewed to assess if the patient initiated delay is appropriate. This review must to be documented on PAS and only referred back to their GP if it is in the patient's best clinical interest.

An offer of appointment date is reasonable if the clinic is carried out on any of the Trust's sites or facilities of the CCG. All offers of dates to patients, for outpatient, diagnostic or inpatient episodes must be recorded in PAS at the time the offers are made.

The aim of booking staff is always to find a date appropriate for a patient's clinical priority and convenient to that patient. Therefore three appropriate staggered attempts to contact every patient by telephone are always made if an appointment or admission date is less than two weeks away. These contacts must be recorded accurately in the additional details field in the outpatient booking screen in PAS.

Occasionally, an offer of an outpatient appointment may be available in a shorter time frame. Should this short notice appointment be discussed and agreed with the patient, the consequences of DNA still apply, provided that this has been made explicit to them.

6.18 Patient availability

If a patient is unavailable for a significant time from the date of appointment (either inpatient, day case or out-patient) offered to them, the clinician will review the patient and if appropriate will discharge the patient back to their GP/referring clinician in writing. This is to ensure they receive timely assessments/treatments for their condition.

6.19 Patient 'thinking time'

Stopping a patient's clock for a period of active monitoring requires careful consideration on a case by case basis and its use needs to be consistent with the patient's perception of their wait. Where a patient is given 'thinking time' by the consultant, the effect on the RTT clock will depend on the individual scenario. If the agreed 'thinking time' is short, then the RTT clock should continue to tick. An example is where invasive surgery is offered as the proposed first definitive treatment but the patient would like a few days to consider this before confirming they wish to go ahead with the surgery.

It is good practice for patients to be given full information about all alternative treatments, including non-operative, and for them to make an active decision to choose surgery, this must be documented in the patients records in line with the trust consent policy. If a longer period of 'thinking time' is agreed, then active monitoring is more appropriate. An example is where the clinician offers a surgical intervention but the patient is not keen on invasive surgery at this stage, as they view their symptoms as manageable. A review appointment is agreed for three months' time and the patient is placed on active monitoring. The RTT clock would stop at the point that the decision is made to commence active monitoring. A new RTT clock would start when a decision to treat is made following a period of active monitoring.

6.20 Clinically inappropriate referrals

If in the view of the clinician the referral is clinically inappropriate, they may reject the referral. If this is the case, the reason for the decision will be communicated to the referrer.

6.21 Consultant to consultant (tertiary) referrals

Consultants wishing to make an outpatient referral to another Trust should complete a standard referral form and IPT pro-forma with the necessary MDS.

The IPT pro-forma should include all relevant information including any clock starts/stops and whether or not the patient has received any definitive first treatment. The 18 week clock will continue to tick if the onward referral is for the same condition and/or symptoms, is to another consultant led service and no definitive first treatment has been received by the patient.

6.22 Internal consultant to consultant referral for a condition unrelated to the original referring condition

Consultant to consultant outpatient referrals are only permitted in the following circumstances:

- For investigation, management or treatment of cancer, or a suspected cancer
- A life threatening or urgent condition
- For investigation or further treatment for the presenting problem for which the original referral was made (including tertiary referral); and
- For patients with pre-existing complex medical problems for specialist assessment in relation to anaesthetic risk.

For unrelated or non-life threatening conditions the patient must be returned back to their GP.

7.0 Outcomes prior to or following outpatient appointment

7.1 Did not attends (DNAs)

Patients have a responsibility to attend their appointment.

If a patient DNAs their first OPA which had been sent/agreed with them with reasonable notice their clock stops for 'non-treatment'. When the patient subsequently contacts the trust to rebook their first appointment, this will start a new RTT clock. The clock starts on the date that the patient contacts the trust and rebooks their new appointment. If the patient has had one or more previous RTT periods for the same condition, it is important that the new clock start is identified and not linked to a previous RTT start date.

A patient who DNAs another appointment either new or follow-up is reviewed by the clinician at the end of clinic in order for a clinical decision to be made regarding next steps. Other than the first attendance, DNAs have no impact on reported waiting times.

In making such decisions, clinicians will wish to take into account various factors such as:

- Clinically very urgent referrals including cancer, or active surveillance for cancer, rapid access chest pain, breast referrals and other critical illnesses.
- Children and young people of 17 years and under or vulnerable adults.
- The patient has been made a reasonable offer – a reasonable offer is two offers made with at least three weeks' notice or one that the patient has accepted.
- In the case of suspected cancer referrals the patient should not be discharged unless they have DNAd two consecutive appointments, and is in the patient's best clinical interest.

Paediatric and vulnerable patient DNAs should be managed with reference to the Trust's Safeguarding children policy and procedure and Safeguarding adults at risk policy and procedure (see 'Associated documents' section) . A further appointment must to be offered to the patient and the importance of attendance must be reiterated to the parent/carer. For further information relating to paediatric patients please refer to the 'Was not brought' policy (draft policy available via the Lead Safeguarding Nurse).

The Trust expectation is that most patients who DNA twice should be discharged back to the GP / original referrer following clinical review.

All e-RS DNAs appear on the 'Appointments for booking' work list to be recorded, where they are either be offered another appointment or discharged. Patients who are rebooked continue with a ticking clock, if a patient DNAs their first OPA they will therefore need a manual clock adjustment. The 'DNA reschedule' function in PAS will add the clock stop but this should be reviewed in case the clock should not be stopped, e.g. reasonable notice not given of appointment.

If it has been decided that the patient needs to be discharged a letter must be sent to the patient and GP. If another appointment is to be offered a letter is sent to the patient with a new appointment date.

The GP may re-instate the referral by re-referring the patient. In these circumstances a new 18 week pathway will commence.

7.2 Patients who are not available

Under 18 week rules patients referred into the Trust should be available and fit to have their treatment.

Patients requesting a delay longer than what is deemed clinically appropriate should have a clinical review to decide if this delay is appropriate. The patient's choice must be documented on PAS.

If the clinician is satisfied that the proposed delay is appropriate then the Trust should allow the delay, regardless of the length of wait reported. If the clinician is not satisfied that the proposed delay is appropriate then the clinical risks should be clearly communicated to the patient and a clinically appropriate appointment date agreed. If the patient refuses to accept the advice of the clinician then the responsible clinician must act in the best interest of the patient. If the clinician feels that it is in the best clinical interest of the patient to discharge the patient back to the care of their GP and inform them that treatment is not progressing then this must be made clear to the patient. This must be a clinical decision, taking the healthcare needs of each individual patient into account.

Where a patient-initiated delay can be considered as patient 'thinking time' rather than a declared period of unavailability, it should be considered whether it is clinically appropriate to start a period of active monitoring. Trusts should make a common sense judgement to differentiate between a short period of thinking time whilst the patient is considering whether to proceed with the proposed treatment (no clock stop) versus wanting to see how their condition can be managed or progresses before making a decision as to whether to proceed with the proposed treatment (clock stop for active monitoring).

7.3 Appointment changes and cancellations initiated by the patient

If the patient gives any prior notice that they cannot attend their appointment (even if this is on the day of clinic), this should be recorded as a cancellation and not DNA.

If the patient requires a further appointment, this will be booked with the patient at the time of the cancellation by CAU. If the appointment was booked via e-RS, the rebooking needs to be done via e-RS / TAL line by the patient.

If the patient is on an open RTT pathway, the clock continues to tick. If there are insufficient appointment slots within the agreed pathway milestones, the issue must be escalated to the relevant speciality management team. Contact with the patient must be made within two working days to agree an alternative date.

Patients have the opportunity to cancel or change appointments during their pathway, at which point they must be informed that delaying their pathway beyond a clinically appropriate timeframe will result in them requiring a clinical review. If deemed clinically appropriate this may lead to them being referred back to their GP. They can be re-referred when they are ready, willing and able to proceed. A new 18 week clock will start at this point.

If the appointment was made via e-RS the request must also be cancelled. An automatic notification is sent to the referrer and will appear on their worklist (i.e. GP worklist)

For the above to apply:

- The Trust must have been able to offer an alternative appointment within 6 weeks
- The patient must have been unable to accept the offered appointment

Patients who cancel an appointment will be offered an alternative date at the time of cancellation and these patients will not have their 18 week clock stopped. If the patient choice of a date for a rebooked appointment entails a delay which makes it clinically inappropriate, then a clinical review must be undertaken to decide if this delay is appropriate. In some instances it may be deemed to be in the patient's best clinical interest to refer them back to the GP. This must be a clinical decision and a clinical note entered on PAS.

Upon clinical review, the patient's consultant must indicate one of the following:

- Clinically safe for the patient to delay - continue progression of pathway. The RTT clock continues.
- Clinically unsafe length of delay – clinician to contact the patient with a view to persuading the patient not to delay. The RTT clock continues.
- Clinically unsafe length of delay – in the patient's best clinical interests to return the patient to their GP. The RTT clock stops on the day this is communicated to the patient and their GP.

Patients are informed of the protocols around cancelling appointments in the documentation confirming their appointment, in line with correspondence policy.

When patients cancel their appointments and do not wish to have another appointment, the referral must be discharged on PAS and the GP informed.

7.4 Appointment changes initiated by the Trust

Trust initiated changes to appointments must be avoided as far as possible as they are poor practice and cause inconvenience to patients.

Clinicians are actively encouraged to book annual leave and study leave as early as possible. Clinicians must provide six weeks' notice that a clinic has to be cancelled or reduced.

If a patient's appointment has to be rescheduled due to a hospital cancellation, the patient will be contacted to arrange an alternative appointment date and time. Both an apology and a reason for cancellation will be given.

If a patient is cancelled or rescheduled twice by the Trust, this will need to be escalated immediately to the General Manager for the Specialty who will then notify the relevant Divisional Director of Operations who will take the necessary action.

Where this is unavoidable the Trust will contact the patient and rearrange their appointment.

If the cancellation is within two weeks of the appointment date, the patient will be telephoned by the CAU.

If the cancellation is outside of this timeframe, the patient will be contacted by letter.

Appointments will be made as close to the original appointment as possible. This is particularly important when patients need to re-attend for test results or to review medication. The patient's 18 week pathway current status will remain.

7.5 Clinic cancellations or reduction

The Trust is committed to offering certainty to patients as well as choice in arranging care. As such, every effort is made to avoid cancelling patient's appointments. Every effort must be made by specialty to backfill absent clinicians by the speciality. Cancellation will be a last resort.

Clinics should not be cancelled or reduced for any purpose unless there are exceptional circumstances.

A minimum of six weeks written notice of planned annual, study or professional leave must be given when a doctor or other professional requires a clinic to be cancelled or reduced.

Wherever possible, patients who have been previously cancelled should not be cancelled a second time. Such occurrences require immediate escalation to the Divisional Director of Operations and the General Manager for the Specialty.

When clinics have to be unavoidably cancelled/reduced at short notice this must be approved by the appropriate General Manager, Divisional Director of Operations or Chief Operating Officer. Liaison with Nursing staff, Outpatient Manager, Application Support team, relevant booking Team and Health Records is essential.

On receipt of a request to cancel or reduce a clinic, the CAU will avoid cancelling the following patients:

- Urgent cancer or urgent two week wait referrals
- RACPC and urgent symptomatic breast patient
- Long term follow-up flagged cancer patients
- Urgent appointments
- Those patients with a time dependent appointment
- Those patients cancelled previously

The patients will be contacted by the CAU to arrange a new appointment, providing more than two weeks' notice has been given.

Every effort will be made to ensure that patients are contacted including the use of first class post and telephone calls when cancellations are being made for clinics within two weeks of the patient's appointment.

When a patient has hospital transport or an interpreter booked the relevant department must be notified of any amendments to the patient's appointment.

7.6 Outpatients appointments

On arrival at clinic:

- All patient details must to be checked and amended as necessary on the Trust PAS. This will include patient address, contact telephone numbers, GP, ethnic category and next of kin.
- The status of overseas visitors will be checked at this time. The Overseas Visitor Manager must be notified where it is suspected that there is an overseas visitor.

In situations where there is no evidence that a further specialist clinical intervention is required (e.g. patient no longer has symptoms or primary healthcare support is considered more appropriate) the patient should be discharged to the care of their GP. The clinic outcome must be completed to reflect this decision. The RTT pathway should be closed with 'hospital decision not to treat'. Patient physical / electronic (e-notes) health records must be available in clinics for the patient consultation – however in the rare eventuality that the records are unavailable a temporary set of records will be issued and the referral letter will be made available. No patients should be cancelled or turned away if they have arrived for their OPD appointment.

7.7 Outcomes/ ‘cashing up’ of clinics

All attendances within the Trust should have an attendance outcome, a clinic outcome and an RTT outcome, this is locally referred to as ‘cashing up’. Where appropriate the outpatient procedure outcome must be recorded. The General Manager / Assistant General manager who is responsible for the administration staff that run the clinic are responsible for ensuring all clinics are cashed up as appropriate and performance will be monitored.

Patients should have an outcome from clinic added to PAS by the clinician who has seen the patient. A paper clinic outcome sheet is not to be used, except for business continuity purposes during PAS downtimes. It is the clinician’s responsibility to complete the correct clinical outcome, procedure and follow up details.

Each step along the patient’s pathway (outpatient appointment, diagnostic appointment, pre-assessment, admission, discharge, any decision by the patient or clinician to delay further treatment at any stage) must be recorded in PAS as either a clock start, on-going activity of an already ticking clock, a clock stop, or as activity which is not part of the operating standards. They must be accurately filled in with all necessary information. If not completed this may delay patient treatment.

A code exists for each type of activity and this code must be recorded in PAS within the referral to treatment history at each point during the pathway.

Patients may have more than one clock ticking simultaneously (patient pathway) if they have been referred to and are under the care of more than one clinician at any point in time. Each pathway has to be measured and monitored separately and will have a unique pathway ID number in PAS.

Possible outcomes are:

Clock stops for non-treatment

Clocks can stop for non-treatment reasons. 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 has been made not to treat
- The patient did not attend (DNA) their first out-patient appointment which resulted in the patient being discharged
- A decision has been made to start the patient on a period of active monitoring
- The patient declined treatment having been offered it

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 active monitoring should only apply exceptionally after a decision to treat has been made. A ‘continue active monitoring’ outcome should not be applied at the first outpatient appointment, ‘commence active monitoring’ should be used at this point.

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.

An 18 week clock may be stopped where it is clinically appropriate to start a period of active monitoring in secondary care without clinical intervention or diagnostic procedures at that stage. This is where it is clinically appropriate to monitor the patient in secondary care without clinical intervention or further diagnostic procedures, or where a patient wishes to continue to be reviewed as an outpatient, or have an open appointment, without progressing to more invasive treatment. Active monitoring (watchful waiting) can be initiated by either the patient or the clinician. This can be done either by the clinician with an RTT outcome of consultant active monitoring or by the patient with an outcome code of patient active monitoring.

If after a period of active monitoring, the patient or the care professional then decides that treatment is now appropriate, a new 18 week clock would start when a new / further decision to treat is made following the period of active monitoring. There is then a new patient pathway in which the patient must receive their first definitive treatment within a maximum of 18 weeks.

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 themselves indicate a decision to treat or a new clock start. If a decision is made to treat after a period of active monitoring, a new RTT clock would start of the date of the 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 a 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.

Clock stops for first definitive treatment

An RTT clock stops when a 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 at an interface service, if this is what the consultant-led service or interface service decides is the best way to manage the patient's disease, condition or injury and avoid further interventions
- 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

The clock stops when the patient receives the first treatment for the condition for which they have been referred. This may occur following a consultation, receipt of results from a diagnostic test or following surgery. Any subsequent treatment will not be subject to the operating standards.

All patients will be managed according to their clinical urgency, and within the operating 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.

In some instances it will not be apparent until the outpatient consultation that the patient requires an excluded procedure, when it is identified at the outpatient consultation the relevant clinician should refer the patient back to the GP for them to progress the exceptional treatment panel approval.

A clock stop code shall be entered onto the patient's pathway at this point (decision not to treat). Information should be entered onto the PAS to provide the detail regarding the exceptional treatment case. When funding approval is required for treatment, the patient is not placed on the waiting list until approval is obtained from commissioners. The Trust and CCG have agreed that if approval is granted, the date this notification is received by the Trust will be the new clock start for this patient and their pathway updated.

On-going clocks

A patient has an on-going clock if they have had a clock start but have not yet had either their first definitive treatment or decision not to treat or been placed on active monitoring (watchful waiting) or refused treatment.

Activity within an 18 week RTT period which does not stop the clock (on-going activity in the pathway/ request to other service)

This might be a follow up appointment, or request for a diagnostic test/image or adding a patient to a waiting list for admission.

Transfer to another healthcare provider (transfer to another healthcare provider – expected back/ not expected back)

If a patient is referred from one provider to another as part of their RTT period, their patient pathway and clock should keep ticking. The originating provider should ensure that the patient's initial RTT clock start date forms part of the onward referral information. In some instance these patients will be returning to the originating Trust with the clock continuing to tick.

The Trust uses the agreed IPT pro-forma to communicate the relevant information about the patient's treatment status. When receiving ITPs the relevant information must be entered on to PAS. This is to ensure the Trust has an accurate record of the patient's treatment status.

7.8 Follow-up appointments

Follow-up appointments are only given if a patient's condition requires the continued intervention of specialist clinical expertise. To ensure time to process test results, follow up appointments should be booked at an appropriate interval following the test in line with diagnostic waiting times. For example, within two weeks, with a further two day allowance for results to be readily available for view.

If the results of tests are negative, consideration will be given to the need for the subsequent outpatient appointment. A suitable letter to the patient and GP may be sufficient or a telephone consultation.

In situations where there is no evidence that a further specialist clinical intervention is required (i.e. patient no longer has symptoms or primary healthcare support is considered more appropriate) the patient should be discharged to the care of their GP.

Patients who require a follow up appointment in less than six weeks will in most cases be booked as they leave the department.

Patients who require a follow up appointment in more than six weeks are added to a follow-up waiting list. Appointments are booked in chronological order and clinical urgency by individual CAUs.

Detailed practices differ in departments, but each service has responsibility to ensure that patients requiring a follow up appointment have been booked.

Long term follow-up appointments will be agreed between the consultant and the patient's GP around the clinical needs of the patient.

Individual CAUs are responsible for monitoring and booking appointments from the follow up partial booking waiting list. The service will monitor all waiting lists to ensure that patients are booked in chronological order and according to clinical urgency.

7.9 Patients attending the OPD for consultations, follow-up clinics, treatment, therapy and diagnostic tests

Patients receive confirmation of appointment time and date, and are asked to bring this confirmation to their appointment. On arrival at the receiving department or service, staff should check with the patient:

- Name, address, date of birth, ethnicity (ask if blank), GP, telephone numbers & next of kin
- Appointment time and date

Detailed practices differ in departments, but each service has written schedules, which should be crosschecked against records and verbal confirmation of identity established before proceeding.

Each healthcare professional has an individual professional responsibility for ensuring the care they provide is to the correct, identified, patient, and identity is re-checked at each stage.

8.0 Elective patient access to diagnostic tests and procedures

8.1 Definition of waiting time - diagnostics

A patient's waiting time is calculated from when the diagnostic test/procedure is ordered up to when it is carried out.

8.2 Delivering the six week diagnostic principles

All patients referred to the Trust for a diagnostic test/procedure should have this carried out within six weeks from when the request was made.

The maximum wait for a diagnostic test/procedure is six weeks.

The Trust is required to continue to adhere to the tolerance set by the Department of Health and Social Care in relation to diagnostic waiting times, which states that 99% of patients must have their diagnostic test/procedure carried out within six weeks from the date of the request.

Diagnostic clock starts

The diagnostic waiting time clock starts when the request for a diagnostic test or procedure is made from any referral route (e.g. GP, Outpatient clinic, Inpatient ward etc.).

Diagnostic clock stops

The diagnostic waiting time clock stops when the patient receives the diagnostic test/procedure.

8.3 Referral processes - diagnostics

All patients are managed according to their clinical urgency, and within the operating standard of six weeks.

For Radiology

- All GP or direct access referrals are made via the DORIS electronic ordering system. All internal Trust referrals are ordered via: - Inpatients via PAS / Sunrise*
  - Outpatient via Diagnostic Request Form

For Endoscopy

- All GP or direct access referrals are made via the electronic ordering system using generic endoscopy e-mail (tw-tr.endobookings@nhs.net)
- All internal Trust referrals are ordered via: - Inpatients via PAS
  - Outpatient via Diagnostic Request Form

Referrals should only be made to the Trust if the patient is willing and able to be seen within the maximum waiting time for diagnostics. If this is not the case the request should not be sent until such time as the patient is available.

8.4 Offer of appointment – diagnostics

For diagnostic appointments, the Trust will offer the patient two appointment dates, with at least two weeks' notice within six weeks. If a patient is unavailable for six weeks or more from the date of the first appointment offered to them, the Trust will discharge the patient back to their referring clinician/GP. This is to ensure they receive timely assessments/treatments for their condition.

An offer of appointment is reasonable if the clinic is carried out on any of the Trust's sites or facilities of the CCG.

All routine appointments are sent via second class post. Any urgent appointments for which it has not been possible to contact the patient via telephone, are sent by 1st class.

If the Trust holds a mobile or landline telephone number for the patient, they will receive a reminder of their appointment for radiology by text one week before.

Occasionally, an offer of a diagnostic appointment may be available in a shorter time frame. If a short notice appointment has been discussed and agreed with the patient, the consequences of DNA and/or still apply, provided that this has been made explicit to them.

As per the trust Cancer Access Policy any patient on a suspected cancer pathway should wait no longer than a maximum of two weeks for a diagnostic test from the date the patient is informed of the need for the test.

8.5 Appointment cancellations – diagnostics

Hospital cancellations - diagnostics

If a patient's appointment has to be rescheduled due to a hospital cancellation, the patient will be contacted to arrange an alternative appointment date and time. Both an apology and a reason for cancellation will be given.

The Trust will make every effort to ensure that they do not cancel patient's appointments.

If a patient is cancelled or rescheduled twice by the Trust, this will need to be escalated immediately to the General Manager for Radiology or Unit Manager for Endoscopy who will notify the relevant Divisional Director of Operations to take action.

If the cancellation is within less than two weeks of the appointment date, the patient will be telephoned by the Radiology admin team.

If the cancellation is outside of this timeframe, the patient will be contacted by letter by the Radiology Admin team.

Appointments will be made as close to the original appointment as possible. This is particularly important when patients need to re-attend for test results or to review medication.

Patients who cancel an appointment - diagnostics

Patients who cancel an appointment will be offered an alternative date at the time of cancellation. Where the 'reasonable' criteria has been met (two dates offered within two weeks' notice), the diagnostic waiting time for that test/procedure is set to zero and the waiting time starts again from the date of the appoint that the patient has cancelled.

If a patient declines an offer of an appointment sent by post that does not fulfil the 'reasonable' offer criteria, the clock is not reset and the patient should be offered an alternative appointment date.

The current definition of unreasonable delay in a diagnostic context is six weeks or longer from the first date offered. In this instance, the patient will be discharged back to their referring clinician/GP.

Where a patient gives notice of non-attendance of an appointment they should be rebooked straight away or be informed that they must make contact within two weeks to reschedule. If the patient does not book another appointment within this timeframe they will be returned to the care of their GP or referrer.

Patients will have the opportunity to cancel or change appointments during their pathway once, at which point they must be informed that a second cancellation may lead to them being referred back to their referring clinician/GP. They can be re-referred when they are ready, willing and able to proceed.

For the above to apply:

- The Trust must have been able to offer an alternative appointment within six weeks
- The patient must have been unable to accept the offered appointment

When patients cancel their appointments and do not wish to have another appointment for:

Radiology - the patient is removed from the Radiology Information System (RIS). The diagnostic referral must then be discharged on PAS or DORIS in order to close the pathway.

Endoscopy – the patient is removed from PAS waiting list and the pathway will be closed.

8.6 Patients who do not attend (DNA) – diagnostics

Patients have a responsibility to attend their appointment. If a patient does not attend their diagnostic appointment, then the diagnostic waiting time for that test/procedure is set to zero and the waiting time starts again from the date of the appointment that the patient missed.

The Trust's intention is to move towards discharging patients who DNA back to the care of their referring clinician/GPs. For this policy to be implemented, the following needs to apply:

- The patient has been made a reasonable offer – a reasonable offer is one made with at least two weeks' notice or one that the patient has accepted.

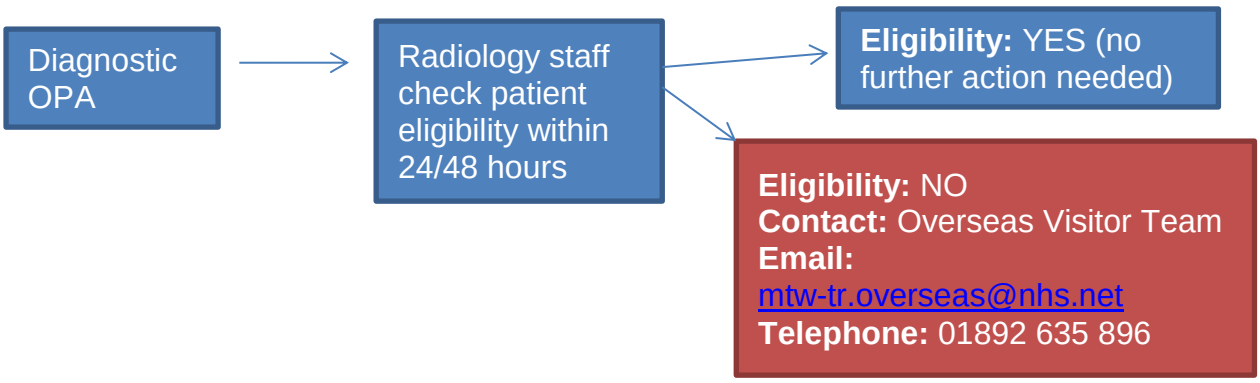
Patients who do not attend an appointment are sent a letter advising that they have 21 days to respond to rebook; otherwise the request will be cancelled and removed from the waiting list. If a patient subsequently DNAs their rebooked confirmed appointment, they will be discharged back to the referring clinician/GP. Both the patient and the GP will receive a letter informing them of this. The patient's diagnostic pathway will be closed.

8.7 Diagnostic appointments

On arrival at clinic:

Radiology:

- All patient details must to be checked and amended as necessary on the Trust RIS. This will include patient name, patient address and telephone number.
- PAS system must be checked within 24/48 hours by Radiology Administrative team in order to check patient eligibility for NHS Treatment. The Overseas Visitor Manager must be notified where it is suspected that there is an overseas visitor.



- In situations where there is no evidence that a further specialist clinical intervention is required (e.g. patient no longer has symptoms or primary healthcare support is considered more appropriate) the patient should be discharged to the care of their GP.

Endoscopy:

- All patient details must to be checked and amended as necessary on the Trust PAS system. This will include patient address, contact telephone numbers, GP ethnic category and next of kin.
- The status of overseas visitors will be checked at this time. The Overseas Manager must be notified where it is suspected that there is an overseas visitor (please see diagram above).

8.8 Diagnostic attendance outcome

All attendances for diagnostic within the Trust should have an attendance outcome on RIS. All images and information must be completed, uploaded and available on PACS within 24 hours.

The General Manager who is responsible for the radiology staff that runs the clinic / area is responsible for ensuring all attendances and procedures are recorded accurately and in timely manner onto RIS.

9.0 Adult elective patient access inpatient/ day case scheduling procedure

9.1 Decision to admit

The decision to add a patient to a schedule for surgery (Inpatient or day case) must be made by a consultant or another clinician who has been given delegated authority to add patients to a schedule. A patient should only be added to an active waiting list for surgery if:

- The intended procedure is not on the low priority list of procedures that should only be carried out with prior approval from the CCG
- There is a sound clinical indication for surgery
- The patient is clinically ready and available to undergo surgery

Patients who are not fit for treatment should not be listed.

Patients who are not presently fit will be fully investigated and an individual management plan agreed with the clinician. If optimisation is likely to take under three weeks, their RTT pathway will continue. If it is likely to take over three weeks then their RTT pathway will be stopped either with active monitoring or decision not to treat depending on the clinical management plan.

If there is an expectation that the operation will not be completed within a reasonable time in relation to the patient's clinical urgency, consideration should be given to transferring the care of the patient to another clinician with appropriate capacity.

Patients should be offered two separate dates with reasonable notice (at least three weeks' notice) for day case or inpatient admissions. Patients may choose to wait longer for their procedure and in these cases the patient's choice must be documented on PAS.

All patients (excluding ASA4 or greater) requiring surgery for one of the procedures listed in the BADS, Basket of Procedures & Trolley Procedures, are entered onto the schedule as Intended Management – Day Case in the first instance, having their suitability for day surgery reviewed at Pre-Operative Assessment.

When logging a patient on the waiting list module of PAS, booked admissions must ensure that:

- Patients are not already listed for the same condition
- The entry is recorded correctly as either active or planned
- Patients are not scheduled for surgery at the same time
- Any communication with the patient should be recorded on PAS in the free text section of the system

9.2 Low priority procedures

A number of procedures have been deemed low priority by the CCG. For these procedures there must be evidence that the correct pathway has been followed and an approved prior approval form must have been received. It is the responsibility of the management team in the division where the surgeon works to gain prior approval for the procedure. All patients must be added to the waiting list at the time a 'Decision to Treat' is made and prior approval must be sought thereafter. If approval is rejected, the patient must be removed from the Waiting List and referred back to the GP with a letter documenting that prior approval was rejected. A copy of the letter must also be sent to the patient.

9.3 Waiting list entry

A waiting list entry will be completed, by the clinician, in full, for all patients added to the waiting list. All waiting list entries must be moved to the 'to be scheduled' queue within two working days (48 hours) of receipt of entry being made.

9.4 Information to patients

All patients will be given a relevant clinical information sheet at the pre-operative assessment reception desk for direct bookings or via the post for all other elective patients.

The information sheet will:

- Give a named contact and telephone number at the hospital should the patient have any queries
- Ask the patient to notify the named contact of any changes in address, telephone number, GP or dates of unavailability. It is the responsibility of the patient to notify the hospital of any change to contact details.
- For inpatients, explain the calling-in procedure including the amount of notice given and inform the patient of the Trust DNA and cancellation policies.
- Explain that if the patient feels that there has been a significant change in their condition, the initial course of action would be to discuss this with their GP.
- Ask the patient to notify the hospital if they have had treatment elsewhere or if they decide not to have treatment.

9.5 Selecting patients for admission

Patients should be selected for admissions in clinical priority order. Patients with the same clinical priority should be admitted in RTT date order i.e. the longest waiting patients first.

Operational considerations may prevent patients being admitted in strict order. For example, to fill a short gap in a theatre list, a day case with a shorter waiting time may be added to fill the capacity. However, the principle of treating patients in RTT date order should be adhered to as far as possible.

All patients who are added to the waiting list must be given a clinical priority of either cancer, urgent or routine and this must be considered when booking patients for admission.

Any potential breaches of this need to be escalated to the appropriate service/operational manager.

9.6 Patient choice

All referrals for a waiting list entry are ‘Trust referrals’ and referrals are pooled to offer the first available appointment to the patient, regardless of consultant. The Trust will offer an appointment to the patient with a suitable clinician, at a suitable site within agreed timescales. Exception to this is when a patient has chosen to see a named consultant, in which case the Trust must accommodate their choice.

If a reasonable offer has been made to a patient for their operation and the patient declines, then this patient choice must be recorded in PAS.

A reasonable offer of a date for an elective therapeutic admission is two dates with the earliest a minimum of three calendar weeks away for a verbal offer or a date with a minimum of three calendar weeks away for a written offer.

All offers of dates to patients, for outpatient, diagnostic or inpatient episodes must be recorded in PAS at the time the offers are made.

Please note that if patients are going on holiday for two week, this does not constitute as active monitoring and clock will continue.

9.7 Patients who should not be added to a schedule

Patients who are not fit or who are unavailable for treatment should not be listed. These patients should be discharged back to the referring clinician/GP unless optimisation is expected to take less than three weeks. Examples of patients who will not be optimised within three weeks are as follows:

- Patients with high blood pressure
- Patients needing to lose weight
- Patients with cardiac or respiratory problems
- Patients who are unfit for procedure and can't be optimised within three weeks
- Patients not ready for surgical phase of treatment

The decision to proceed with these types of patients lies entirely with the consultant anaesthetist/consultant surgeon who following a review will make a decision whether to proceed. This decision should be communicated to the GP and patient following the trust correspondence policy.

Additionally the following patients should not be listed for surgery and should be re-referred back to their GP.

- The procedure is not currently available within the Trust
- The procedure is not routinely funded by NHS England

9.8 Patients who are not fit for surgery

If at the pre-assessment appointment it is found that the patient is not fit for their surgery, dependant on the circumstances and following clinical review they may be discharged back to their GP to be managed in primary care, or monitored by the pre-op assessment team. This will end their 18 week clock.

However, if the patient who is returned to the care of GP becomes fit for surgery within the next four months from the date the patient was returned to the GP, the GP practice will contact the appropriate pre-assessment service or medical secretary and the patient will be added directly back onto the waiting list and will access the 18 week pathway at the point where a new TCI date can be negotiated. A new 18 week clock will begin at this point.

Pre-assessment clinic staff/medical secretaries will keep a local database record of those patients who have the option to return within four months on the patient's PAS record.

If the patient fails to reach a suitable level of fitness within the agreed four months' timeframe, and surgery is still considered to be a requirement by the GP, a new referral will need to be generated, starting a new 18 week pathway beginning with a new first outpatient appointment, when the GP considers the patient is medically fit.

Patients awaiting admission who become medically unfit for surgery for longer than three weeks will be discharged back to the care of their referring clinician/GP. The 18 week clock is stopped and the patient is removed from the schedule.

A GP may reinstate a patient on the schedule (waiting list) within three months (12 weeks) of the discharge by writing to the relevant consultant who will review the request either from the letter or by seeing the patient in an outpatient clinic. If more than three months (12 weeks) has elapsed, the patient must be referred to the appropriate consultant via a new referral. In both cases a new 18 week clock begins.

Patients who are not clinically fit and socially ready for admission on the day the decision to admit is made must not be added to the schedule. The clock should not be stopped unless a clinical decision is made that initiating a period of active monitoring is clinically appropriate or that the patient no longer requires treatment.

In cases where the patient no longer requires treatment, the patient must be discharged from PAS & TheatreMan and referred back to their referring clinician/GP.

If the patient subsequently becomes ready for surgery less than three months after they were discharged back to the care of their GP they can be reinstated onto the schedule at the referring clinician/GP's request in writing to the consultant. The consultant will review the patient (paper review or physically in outpatients) before placing them on the schedule. The new clock start date is the date of the referral back to the hospital.

Patients who are referred for surgery more than three months after they were discharged back to their referring clinician/GP, will need to be re-referred to the appropriate consultant.

9.9 Transitory conditions

If the reason for cancellation is transitory then the patient will be offered a further pre-assessment date within three weeks. This will allow patients with minor acute clinical reasons for delay, such as a chest infection or cold, time to recover and the clock will continue to run during this time. If a patient is not fit after that time they will be returned to their referring clinician/GP where this is clinically appropriate, for the management of their on-going chronic clinical condition. Re-referrals should then be made by the GP when the patient is fit for surgery, which would initiate a new clock start and pathway.

9.10 Pre-operative assessment

Following a decision to treat, patients (where appropriate) are referred for pre-operative assessment. It is the Trust's aim that every patient will be pre-assessed to determine the level of fitness for surgery, no later than two weeks prior to date of surgery/intervention.

Wherever possible, pre-assessment appointments should be agreed with the patient by telephone and confirmed by letter, rather than a letter being sent with an appointment. Patient letters will state that patients must attend their pre-operative assessment appointment in order to move forward with their operation.

If a patient does not attend or cancels for their pre-operative assessment the principles as per DNA and cancellation apply as in section 7.

9.11 Patients who are not fit for surgery

If at the pre-assessment appointment it is found that the patient is not fit for their surgery, dependant on the circumstances and following clinical review they may be discharged back to their GP to be managed in primary care, or monitored by the clinical team. This will end their 18 week clock.

However, if the patient who is returned to the care of GP becomes fit for surgery within the next three months from the date the patient was returned to the GP, the GP practice will contact the appropriate pre-assessment service or medical secretary and the patient will be added directly back onto the waiting list and will access the 18 week pathway at the point where a new TCI date can be negotiated. A new 18 week clock will begin at this point, and patients will be offered a new operation date within 10 weeks.

Pre-assessment clinic staff/medical secretaries will keep a record of those patients who have the option to return within three months.

If the patient fails to reach a suitable level of fitness within the agreed three months' timeframe, and surgery is still considered to be a requirement by the GP, a new referral will need to be generated, starting a new 18 week pathway beginning with a new first outpatient appointment, when the GP considers the patient is medically fit.

9.12 Booking patients for inpatient or day case procedures

Patients having day case or inpatient procedures will be added to the waiting list by a clinician using the elective admission (four part) form, inpatient booking will add patient to PAS inpatient waiting list, within two working days of a decision to admit. The relevant CAU scheduling team will aim to offer patients a choice of dates for surgery within 10 working days of the decision to admit.

Offers of a date for surgery can be made verbally or via letter. Verbal offers must be followed up by letter. It is imperative that schedule data including additions, deletions and admissions is entered promptly and accurately by all relevant staff.

Information reports must be provided to the Specialty Managers which will ensure they can be responsible for ensuring RTT data for the patients in their services is correct.

9.13 Inpatient and day case patient tracking list (PTL)

To assist administrative staff and Specialty General / Assistant General Managers involved in the process of booking patients the Trust will produce an 18 week PTL. It is essential to note that the order of patients for treatment may not be the order in which they were scheduled, i.e. a patient only very recently scheduled may be approaching the maximum 18 weeks standard, as they may have taken a while to be diagnosed and a decision to admit agreed. A patient may have been scheduled for a longer period of time yet has a shorter overall length of pathway. It is essential that listing is in accordance with clinical priority or pathway length and not according to the time spent solely on the waiting list.

9.14 The TCI (to come in) letter

The TCI letter should contain the following core details:

- Patient's name
- NHS number
- Hospital number
- Date letter sent to patient
- Date and time of admission
- Details of necessary pre-assessment before admission
- Where to report on arrival
- Response required from patient
- Named contact for queries relating to admission
- Reference to instructions for admission and/or booklet
- Reasons for checking bed availability
- Specific information about the planned treatment
- General information about the patient's stay in hospital
- Request to check bed is available on day of admission

9.15 Cancellation of operations

There are various reasons why an operation may have to be cancelled, and these fall into three main categories – cancellation by the Trust for clinical reasons, cancellation by the Trust for non-clinical reasons and cancellation by the patient. These should be included on any subsequent electronic discharge letter or in the patient's healthcare record. All reasons for cancellation will be added to PAS & TheatreMan the booked admissions team.

- **Cancellation by the Trust for clinical reasons;** if the operation is cancelled because the patient is unfit for surgery or the operation is no longer required the clock stops and the patient should be referred back to their GP. The exception to this is patients who develop colds, diarrhoea and &vomiting prior to admission and would be expected to recover in three weeks, the clock continues for these patients.

- **Cancellation by the Trust for non-clinical reasons;** The Trust will only cancel a patient's admission when it is not possible to carry out the procedure (e.g. bed capacity, unplanned leave, emergency cases). Before any cancellation is made, this must be discussed with the Divisional Director of Operations for that speciality and/or the Clinical Director. Everything must be done to try and avoid a hospital cancellation as it causes distress to the patient and an operational problem to the hospital.

  If it is absolutely necessary for the hospital to cancel a patients surgery, it is the responsibility of the Senior Manager who authorised the cancellation to ensure that the cancellation information in shared with the relevant scheduling team. The scheduling team must ensure the patient has a new date of admission within 28 days if the patient is cancelled on the day of surgery or as soon as possible if cancelled prior to this. Should this not be possible, it is the responsibility of the scheduling team to escalate to the appropriate General Manager / Assistant General Manager.

- Should it be necessary to cancel elective admissions, priority will be given to clinically urgent cases and long waiters. The new date also has to be within the 18 week patient standard.

- Every effort should be made to avoid cancelling a patient's admission:
  - Theatre lists should not be cancelled except under exceptional circumstances.
  - A minimum of six weeks written notice of planned annual, professional or study leave must be given when a doctor requires a theatre list to be cancelled, and where a colleague is unable to cover the list, to avoid patients being called needlessly.
  - Request for theatre list cancellations with less than six weeks' notice must be escalated to the appropriate General Manager / Assistant General Manager. Requests with less than six weeks' notice must then be agreed by the Divisional Director of Operations/Clinical Director. Such requests will only be agreed in exceptional circumstances.
  - The Divisional Director of Operations/Clinical Director must be involved in the final authorisation to cancel a patient's operation for non-clinical reasons on day of surgery or less than five days' notice.
  - Patients who have been previously cancelled should not be cancelled a second time if at all possible. If this is unavoidable, the Divisional Director of Operations for the Service must authorise such a cancellation.
  - The Trust aims to ensure that no patient will be cancelled three times.
  - Patients that are cancelled at short notice (less than two weeks) will be notified by telephone by the Specialty Management Team and a new date given as soon as possible. All other cancellations will be notified by letter.

- **Cancellation by the patient:** A cancellation or rearrangement of admission will not itself stop an RTT clock.
  - Patients who cancel and do not wish to proceed with the operation/procedure will be discharged back to the care of their GP (clock stop).
  - Patients who cancel and wish to rebook, will be informed of the new arrangements for their future admission and where possible will be given a rearranged date. The waiting list entry will reflect the cancelled admission date (clock continue).

- Where patients cancel several dates of admission, a clinical decision will need to be made whether a referral back to the GP in the patient's best clinical interest.
- The patient can be re-referred at the discretion of the GP, by means of a new referral letter. The patient will then start a new 18 week RTT pathway.

9.16 28 day readmission of hospital - on the day of surgery cancellations

The Trust objective is to have a zero avoidable on the day cancellation rate. It is inevitable however; that for a variety of reasons some operations will be cancelled.

The Trust is required to adhere to the Care Quality Commission target that states patients cancelled on the day of surgery for a non-clinical reason need to be kept to a minimum, with patients readmitted within 28 days.

Patients who are cancelled on the day will be contacted by the relevant scheduling team within two working days, in order to be given a new admission date.

9.17 Reinstatement onto the schedule

Patients who have been removed from the schedule may need to be re-instated onto the schedule. In these cases, the RTT clock will have a new start date.

If the patient was removed from the schedule less than three months ago, they can be reinstated at the referring clinician/GP's request, although the Consultant may decide to review them in Outpatients first. The new Clock start date will be the date of the request/referral. Patients who are removed from the schedule for more than three months will need to obtain a new referral to the service. The referral will generate a new clock start date which will be the date of the new request.

9.18 Planned admissions

Patients who are waiting to be recalled to hospital for a planned sequence of treatment or investigation, where the procedure has to be performed at a set point linked to clinical criteria further stage in their course of treatment are classed as Planned Admissions. This is an admission where the date of admission is determined by the clinical needs of the treatment. These patients will be held on a 'planned waiting list', separate from the other waiting list as this outside the scope of 18 weeks RTT, however will be subject to the same monitoring and validation process.

The Specialty General / Assistant General Managers are responsible for reviewing the planned list on a weekly basis to ensure compliance. This review will include checking that patients are being brought in, in accordance with their planned review dates and have been listed appropriately to the planned list definition.

Planned procedures are part of an agreed programme of care, which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency. Planned activity is also sometimes known as 'surveillance'. Examples of procedures which should be on a surveillance list are:

- Check procedures such as cystoscopies, colonoscopies etc.
- Patients proceeding to the next stage of treatment e.g. patients undergoing chemotherapy or removal of metal work.

If a patient's planned procedure is delayed beyond the timeframe request, the patient's pathway converts from a planned pathway to an active pathway and a new clock must start in line with national access standards.

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

9.19 Patients who do not attend for admission(DNAs)

Patients should be offered two reasonable dates with a minimum of three weeks' notice. It is important that the patient has been given instructions of who to notify and how if they subsequently cannot come in for their operations/procedure and that the letter clearly states the consequences of not attending for their appointment date.

Patients who fail to attend their agreed operation date should be removed from the waiting list and referred back to their referring clinician/GP, providing that:

- The Trust can demonstrate that the appointment was clearly communicated to the patient;
- discharging the patient is not contrary to their best clinical interests, which may only be determined by a clinician;
- These local policies are clearly defined and specifically protect the clinical interests of vulnerable patients (for example, children) and are agreed with clinicians, commissioners, patients and other relevant stakeholders.

The 18 week clock in this instance will stop. Exceptions to this rule are:

- Patients undergoing cancer treatments
- Urgent referrals based on clinical judgement
- In the extreme circumstance that the clinician feels it would be detrimental to the patient's health if a TCI date was not re-booked, then the patient must first be contacted to ascertain the reasons for DNA and ensure compliance to attend a rescheduled appointment. The rescheduled appointment must be made from the original referral, as is for the same condition, the 18 week RTT clock will continue.

9.20 Elective waiting list validation

Some patients on the elective waiting list may no longer need their treatment (e.g. if they have been treated elsewhere) or need their operation to be performed by a different Trust (e.g. where a patient moves to another part of the country). To ensure that only those patients still needing their treatment are on the waiting list and to comply with the GDPR General Data Protection Regulation, the Trust will validate the waiting list on a regular basis. Validation will involve sending a letter to patients, in a defined cohort, with a response slip and a stamped addressed envelope to ask for confirmation that they still need to remain on the surgical waiting lists. The replies are co-ordinated by the Patient Access Team and patient who do not reply are followed up before removal from the waiting list.

Appendix 1

Process requirements

1.0 Implementation and awareness

- Once ratified, the Chair of the Policy Ratification Committee (PRC) will email this policy and procedure to the Corporate Governance Assistant (CGA) who will upload it to the policy database on the intranet, under 'Policies & guidelines'.
- A monthly publications table is produced by the CGA which is published on the Trust intranet under 'Policies & guidelines'. Notification of the posting is included on the intranet 'News Feed' and in the Chief Executive's newsletter.
- On reading of the news feed notification all managers should ensure that their staff members are aware of the new publications.
- This policy and procedure is available on the Trust intranet. All staff are notified via email, of the policy and any amendments by the Divisional Director of Operations for Surgery. Printed copies of this document are uncontrolled.
- This policy and procedure will be shared will all relevant CCGs, Cancer Networks, and Patient groups by the Divisional Director of Operations for Surgery.

2.0 Monitoring compliance with this document

Appropriate information on the waiting list and expected waits are published by the Business Intelligent Team on the RTTr website http://quattro/rttr/index.asp

RTT performance is monitored by Patient Access Manager at the weekly (Tuesday) PTL oversight meetings with the CAU team leaders.

The Access Performance meeting held weekly gives the Divisional Director of Operations for Surgery an overview of directorate position on RTT and waiting times.

RTT performance at service level is presented to the Executive, K&MCCG and NHS England regularly.

Information on waiting times is routinely shared with the CCG with an expectation that patients should be advised on the wait time at the point of referral.

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

3.0 Review

This policy and procedure and all its appendices will be reviewed at a minimum of once every four years

4.0 Archiving

The policy database on the intranet, under 'Policies & guidelines', retains all superseded files in an archive directory in order to maintain document history.

Appendix 2

CONSULTATION ON: Patient access to elective care policy
Consultation process – Use this form to ensure your consultation has been adequate for the purpose.

Please return comments to: Head of Performance and Delivery

By date: 29th May 2020

Job title:.	**Date sent dd/mm/yy**	**Date reply received**	**Modification suggested? Y/N**	**Modification made? Y/N**
The following staff must be included in all consultations:				
Corporate Governance Assistant	4/5/2020	4/5/2020	Y	Y
Counter Fraud Specialist Manager (tiaa)	5/5/2020			
Clinical Audit Lead	5/5/20			
Head of Fire, Safety and Environment	5/5/20			
Chief Pharmacist and Formulary Pharmacist	NA			
Formulary Pharmacist	NA			
Staff-Side Chair	NA			
Complaints & PALS Manager	NA			
Emergency Planning Team	NA			
Head of Staff Engagement and Equality	4/5/2020			
Health Records Manager	4/5/2020	26/5/2020	Y	Y
All individuals listed on the front page				
The relevant lead for the local Q-Pulse database	NA			
All members of the approving committee (Clinical Operations and Delivery Committee)	11/10/2019	No comments	N	N
Other individuals the author believes should be consulted				
The following staff have given consent for their names to be included in this policy and its appendices:				

Appendix 3

Equality impact assessment

This policy includes everyone protected by the Equality Act 2010. People who share protected characteristics will not receive less favourable treatment on the grounds of their age, disability, gender, gender identity, marital or civil partnership status, maternity or pregnancy status, race, religion or sexual orientation. The completion of the following table is therefore mandatory and should be undertaken as part of the policy development, approval and ratification process.

Title of document	Patient access to elective care policy
What are the aims of the policy?	The aims of the policy sets out the Trust's approach to the management of patients being treated within 18 weeks: efficiently, equitably and in line with National Access guidelines
Is there any evidence that some groups are affected differently and what is/are the evidence sources?	No
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	**Is there an adverse impact or potential discrimination (yes/no). No** **If yes give details.**
Gender identity	No
People of different ages	No
People of different ethnic groups	No
People of different religions and beliefs	No
People who do not speak English as a first language (but excluding Trust staff)	Yes as they may have difficulty reading the policy but an interpreter can be sourced / provided. This policy is available on the Trust website.
People who have a physical or mental disability or care for people with disabilities	Yes as they may have difficulty understanding the policy but assistance can be sourced to aid understanding if necessary.
People who are pregnant or on maternity leave	No
Sexual orientation (LGB)	No
Marriage and civil partnership	No
Gender reassignment	No
If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?	The potential discrimination identified above is minimal and justifiable and therefore a stage 2 assessment is not required.
When will you monitor and review your EqIA?	Alongside this document when it is reviewed.
Where do you plan to publish the results of your Equality Impact Assessment?	As Appendix 3 of this document