South Warwickshire
NHS Foundation Trust

Information and Performance

SWH 00865
Patient Access Policy

The Trust's Intranet holds the current approved guidance documents.

Notice to staff using a paper copy of this document.
Staff must ensure that they are using the most up-to-date document to guide their practice and must check that the version number of the paper copy matches that of the one on the Intranet.

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1 Introduction

This policy sets out South Warwickshire NHS Foundation Trust's local elective patient access policy for 18 week Referral to Treatment (RTT) and cancer waiting times (2 week wait). The aim of this policy is to ensure that patients are treated promptly, efficiently and consistently in line with national guidance and good practice and should be read in conjunction with the Patient Access Policy Guidelines.

The focus of the policy is to ensure South Warwickshire NHS Foundation Trust provides a consistent, equitable and fair approach to the management of patient referrals and admissions that meets the requirements of the NHS Operating Framework and the commitments made to patients in the NHS Constitution.

This policy also aims to inform patients, their relatives and carers of their rights and what they can expect from the Trust in terms of access to services by outlining relevant rules, responsibilities and actions by which the Trust will manage patients through their pathways, specifically:

- The national 18-week Referral to Treatment (RTT) pathway, which is about improving patients' experience of the NHS, ensuring all patients receive high quality elective care without any unnecessary delay
- National Cancer Waiting Times for all suspected and diagnosed cancers

The NHS Constitution states that patients can expect to start their consultant led treatment within a maximum of 18 weeks of referral for a non-urgent condition. Patients with more urgent conditions, such as cancer or heart disease, will be seen and treated more quickly.

The Trust will aims to see and treat all patients as quickly as possible and will work to ensure fair and equal access to services for all patients, and ensure it meets its obligations towards people who have had, or have disabilities under the Equality Act (2010).

2 Purpose

This access policy incorporates all aspects of the patients' journey and all clinical departments and how this Trust will manage 18-week RTT pathways and suspect cancer referrals in line with national targets and guidance. Application of the policy will ensure that each patient's RTT clock starts and stops fairly and consistently in accordance with an agreed structured methodology. Treatment decisions will be fair and transparent and at an operational level this translates into the adoption of the following key principles:

- The management of patients will be fair, consistent and transparent and communication with patients will be clear and informative and all aspects of the process must be open to inspection, monitoring and audit and be consistent with the Human Rights Act 1998 and the Equality Act 2010.
- Patients seen in outpatients, diagnostics or admitted as inpatients/day cases will be seen firstly according to clinical priority and then in chronological order based upon the 18-week RTT pathway.
- We will attempt wherever possible to agree appointment dates to suit patients' personal circumstances and admission dates and times with patients
- The Trust will work to meet and better the maximum waiting times set by the Department of Health for all groups of patients

- Prior to referral onto an 18 week pathway GPs must establish that patients are ready and available to receive treatment within this timeframe
- As a general principle, other than specific vulnerable groups (e.g. children), where patients are not ready or available they should be returned to the care of the GP unless contrary to their best clinical interest
- The Trust will ensure that all policies, procedures and performance information will be made widely available, including to the general public (unless there is a specific reason for restricted availability)

3 National Operating Standards

- 92% open target.
- No patient will wait longer than 6 weeks for a diagnostic test or image.
- 93% of all patients with suspected cancer who are referred urgently via a two week wait referral by their GP must be seen within 14 days of the date of receipt of referral in the Trust. This also applies to patients with breast symptoms where cancer is not suspected
- 96% of all patients diagnosed with any form of cancer will receive their first definitive treatment within 31 days of decision to treat and subsequent treatments within 31 days of decision to treat.
- 85% of all patients who have been referred via the two week wait referral system and are subsequently diagnosed with cancer should receive their first definitive treatment within 62 days of the date of referral.
- Any patients who are not referred through the two week wait referral system but who presents with symptoms that indicate a suspicion of cancer may be added to the 62 day pathway at the request of a hospital specialist as a Consultant Upgrade. The locally set target applies to these patients; that 85% should receive first definitive treatment within 62 days from upgrade. Likewise, 90% of patients who enter the 62 day pathway from a national cancer screening programme should also be treated within 62 days of referral to first definitive treatment.

4 Audience

- Staff with clinical contact with patients
- Executive and Management Team
- Inpatient and outpatient booking clerks
- Medical Secretaries
- Clinical Commissioning Groups
- General Practitioners and other referrers
- Patients, Carers and Patient Representatives
- General Managers
- Cancer Services tracking MDT co-ordinators.

5 Associated Trust Documents

SWH 01044 Patient Access Policy Guidelines: Consultant Led Services

6 Responsibilities / Duties

6.1 Board of Directors

The BoD is responsible for determining the governance arrangements of the Trust including effective risk management processes. It is responsible for ensuring that the necessary clinical policies, procedures and guidelines are in place to safeguard patients and reduce risk. In addition they will require assurance that clinical policies, procedures and guidelines are being implemented and monitored for effectiveness and compliance.

6.2 Chief Executive

The Chief Executive has overall responsibility for patient safety and ensuring that there are effective risk management processes within the Trust which meet all statutory requirements and adhere to guidance issued by the Department of Health.

The CEO holds each line manager accountable for meeting objectives and to work together towards meeting the objectives approved by the Board.

6.3 Director of Nursing/ Medical Director

The Director of Nursing is the Executive with delegated responsibility for implementation of Governance arrangements within the Trust.

The Director of Nursing and the Medical Director are responsible for overseeing the implementation of this document.

6.4 Line Managers

Line Managers are responsible for ensuring that:

- This document is made available to all staff within their department
- The staff, they are responsible for, implement and comply with this document
- Those staff who will undertake any procedural elements contained within this document have been trained and deemed competent to do so

6.5 All Staff

All staff involved in caring for patient pathways is responsible for complying with this guideline.

7 Management of Patients Pathways

Patients have the right to start consultant-led treatment within 18 weeks from referral, and be seen by a specialist within 2 weeks of GP referral for suspected cancer and breast symptoms. As part of the referral to treatment pathway the national rules make reference to clock starts and stops.

- All patients will be managed according to their clinical urgency, and within the 18 week Referral to treatment (RTT) 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.

- At each event 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) the RTT code must be recorded.
- Patients may have more than one 18 week RTT waiting time ticking simultaneously if they have been referred to and are under the care of more than one clinician at any point in time. Each 18 week pathway has to be measured and monitored separately and will have a unique pathway ID number.
- Accurate data on the Trust's performance against the National Cancer Waiting Times is recorded in the Somerset Cancer Register and reported to the National Cancer Waiting Times Database (NCWTDB) within predetermined timescales.
- SWFT will monitor the cancer patient pathway by using the Trust's patient administration system Lorenzo functionality and Patient Tracking Lists (PTL) measuring the patient length of wait from referral to new outpatient appointment, diagnostic test and treatment. Patients on a cancer pathway are tracked using the Somerset Cancer Register.

For further information please read the Patient Access Policy Guidelines (SWH 01044).

7.1 Clock Start

- A RTT clock start will commence when a referral has been received by the Trust into a consultant led service for diagnosis and treatment of a patient's condition. That clock then continues to tick until either the first definitive treatment is given, or patient declines treatment, no treatment is required or commencement of active monitoring
- An 18 week clock can also start at another healthcare provider and then the patient can be transferred to the Trust, where the clock continues to tick from the original start date
- For patients who are referred using the Electronic Referral Management System (ERS), the 18 week clock starts on the date on which the patient activates their referral (converts their Unique Booking Reference Number, or UBRN)
- Where a referral goes initially to a Referral Management Service (RMS) the 18 week clock starts on the date on which the RMS receives the referral

7.2 Clock Stop

- A RTT clock stops when the first definitive treatment has begins for the condition for which they have been referred. This is defined as: "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".
- Patients can also have clock stops for non-treatment. The following are examples where patient's clocks will be stopped for non-treatment reasons:
    - Clinical decision to start a period of active monitoring.
    - Patient declines treatment.
    - Clinical decision not to treat
    - Treatment is not required

7.3 Active Monitoring

- Active Monitoring (watchful waiting) can be initiated by either the patient or the clinician. It may be applied where it is clinically appropriate to start a period of monitoring without clinical interventions or when a patient wishes to continue to be monitored and not progress to treatment at this time, for example to see how they cope with their symptoms.
- A patient can be placed on Active Monitoring for a minimum period of 2 weeks. Any period less than 2 weeks will be included in pathway length measurement as part of the 18 week performance tolerances. 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.
- Periods of active monitoring will not exceed 6 months. Patients should be reviewed after a period of active monitoring to agree a revised treatment plan or discharge to primary care.
- Active Monitoring usually applies prior to a patient receiving treatment. If a decision to treat has been made but subsequently there is a clinical reason to delay treatment/admission then an 18 week clock would usually continue and may result in a referral to treatment time of more than 18 weeks.

7.4 Exclusions from 18 weeks

The following activity is excluded from the 18 week RTT standard:

- Emergency admissions
- Obstetric patients
- Elective patients undergoing planned procedures (removal of metalwork, procedures related to age/growth, check cystoscopies etc.)
- Patients receiving on-going care for a condition whose first definitive treatment for that condition has already occurred
- Patients whose 18 week clock has stopped for active monitoring and has not yet restarted, even though they may still be followed up by their Consultant

7.5 Entitlement to NHS Treatment

The Trust has a legal obligation to identify patients who are not eligible for free NHS treatment. The National Health Service provides healthcare for people who live in the United Kingdom. People who do not normally live in this country are not automatically entitled to use the NHS free at the point of care.

All NHS Trusts have a *legal obligation* to:

- Ensure that patients who are not ordinarily resident in the UK are identified
- Assess liability for charges in accordance with Department of Health Overseas Visitors Regulations
- Charge those liable to pay in accordance with Department of Health Overseas Visitors Regulations

If you have any queries regarding patients' eligibility, then please contact Finance.

8 Process

8.1 Referrals to Outpatients

Referrals should be made where possible to clinical teams rather than individual Clinicians. This ensures there is an equalisation of waiting lists and that the waiting time for all patients is reduced.

There are 5 recognised referral routes for RTT pathways:

- Via the Electronic Referral Management System (preferred method)
- Via written referral by letter or fax
- Internal Consultant-to-Consultant Referrals
- Inter-Provider Transfers
- 2 week wait referrals

Only one of these routes should be used for an individual referral.

8.2 Internal Referrals Relating to 18 week Pathways

- Internal referrals may only be made for urgent, complex and 2 week wait (cancer) patients, or for those routine patients who are on an agreed pathway of care.
-
- Routine patients who need to be referred for an unrelated problem must be referred back to the GP for management.

8.3 2 Week Referrals

- The process for 2 week referrals for Cancer patients is well established using fax referral processes from GP surgeries to achieve the 2wks, 31 day and 62 day targets.
- ERS is also used for the booking of 2 week referrals and should were possible be the main referral route.
- Every patient should have a referral date registered on Lorenzo and the Somerset Cancer Database with a matching referral letter or a clear audit trail back to the original referral date and letter.

8.4 Consultant Upgrades

- A Consultant must upgrade a patient onto a cancer pathway should there be a suspicion of a cancer diagnosis.
- An upgrade onto a cancer pathway can be made at any point of a patient pathway as long as it is before the decision to treat date is confirmed with the patient.

8.5 Low Priority Treatments or Approval per Case Treatments

- Some conditions such as cosmetic surgery are classed as low priority treatments and will not be funded by commissioners.
- Other patients may be identified as potentially benefiting from high cost treatments which require Clinical Commissioning Group (CCG) approval. These patients must not be added to the waiting list nor seen in outpatients unless explicit approval has been received on a named patient basis from the commissioning CCG or the patient meets

the CCG criteria for treatment. Once approval has been obtained, their referral can be processed in the normal way.

9 Communication with Patients

The Trust aims to give patients reasonable notice of 3 weeks or more before appointments and admission dates where appropriate. In the case of admission to hospital, patients will be given an offer of 2 dates verbally or 1 date in writing.

- Patients can schedule the 1st outpatient appointment via ERS.
- Alternatively patients will be contacted by telephone and/or letter inviting them to schedule their appointment or admission to hospital.
- All outpatients (excluding ERS referrals) will be sent a letter confirming the time, date and location of their appointment or admission to hospital.
- Patients who are being admitted for treatment will also receive details of their procedure and pre-operative assessment clinic date. An inpatient information booklet and leaflet detailing the patient's rights and responsibilities will be included with the letter.
- Patients/ clients in receipt of community services in a home setting will be notified on discharge, via a letter or telephone call, with a time span, when to expect a visit. Subsequent visits will be negotiated with a mutually convenient date, time and location.

9.1 Patients Who Cannot be Contacted

- If patients cannot be contacted after two attempts either by telephone on two different days, an appointment letter will be sent.
- Should the patient not respond to attempts to be contacted either by telephone or letter, the patient will be discharged back to their referrer and/or the GP notified.
- In the case of patients on a cancer pathway, if the Trust is unable to contact the patient after numerous attempts by telephone & where appropriate, messages to contact the hospital, the GP contacted to confirm contact details and an appointment letter will be sent.
- Only if all attempts to contact the patient fail will they be discharged & referred back to their GP.

10 Did Not Attend (DNA)

- Patients, where it is safe to do so and with the exception of children and vulnerable adults, two week wait referrals and urgent cases, will be referred back to their GP
    - Where a child / vulnerable adult is not brought to their 1st appointment after referral, it is the Consultants responsibility to inform the GP of any safeguarding concerns, they will also review the referral in order to make a clinical decision as to whether a further appointment is offered.
    - Where a child / vulnerable adult is not brought to their follow up appointment, it is the Consultants responsibility to inform the GP of any safeguarding concerns, they will also review the last clinical letter in order to make a clinical decision as to whether a further appointment is offered (Refer to Appendix B for Paediatric DNA Flow Chart)
    - Refer to **Section 13.1** of the Patient Access Policy Guidelines Consultant Led Services (SWH 01044) for further information on Vulnerable/Paediatric Patients

- Should there be non-attendance and the patient is to be discharged, both the patient and the patient's GP should be sent notification of the DNA and Discharge
- All new routine patients will be sent a letter and given 3 weeks to call back and reschedule their appointment
- All new urgent and two week wait referrals should be re-appointed and another appointment sent to them
- If a patient's appointment was not agreed directly or there were problems with the delivery of the original appointment letter, patients who contact the trust within 2 weeks will be given a further appointment if required.
- If a GP contacts the Trust after receiving notification of a DNA and Discharge with the belief that the patient should not be discharged, the Trust will reinstate the waiting list and offer another appointment.

All patients on a cancer pathway will be offered a 2nd appointment. Full documentation of the DNA and the date of the re appointment should be recorded in both Lorenzo and the Somerset Cancer Register. This will allow a waiting time adjustment within the two week wait pathway for cancer waiting times.

11 Patient Unavailability, cancellations and re-scheduling

11.1 Declined Appointments and Patient Unavailability

- Where a patient declines 2 reasonable offers of a date (3 weeks' notice) for an outpatient appointment or outpatient diagnostic test they must agree a 3rd offered appointment date.
- The patient must be made aware that the Trust aims to treat patients within 18 weeks, patients that fail to agree an appointment within 4 weeks of the 1st reasonable appointment offer date will be discharged back to the care of their GP. This must be clearly communicated to the patient and GP requiring re-referral when the patient is available.
- Referral back to the GP in this scenario would stop the RTT clock and a new RTT clock would start at the point when/ if the patient and GP agreed to re-refer for treatment
- Where patients on cancer pathways are unavailable for appointments, unavailability must be clearly documented on Somerset Database including any dates/times offered and reason for unavailability. Patient unavailability does not trigger a waiting time adjustment.
- All Inpatient TCI unavailability offers will be recorded on Lorenzo

11.2 Reschedule / Cancel Previously Agreed Appointment for OPD

- Patients will be offered another appointment but advised that if they reschedule the next agreed appointment they will be returned to the care of their GP.

11.3 Patient Admission Cancellations

- Patients, who cancel their admission for a valid reason, must be informed of the likely arrangements for their admission. Wherever possible, they must be given a re-arranged date at the time of the cancellation that is within the RTT waiting time standard.

- If a patient cancels an accepted admission offer twice, they will be removed from the waiting list and returned to their GP, where it is clinically safe to do so.
- A letter will be sent to the patient and their GP explaining the decision.
- Patients may be sent a patient unavailability letter enabling self-referral back into the Trust and onto the waiting list if they wish.

12 Outpatients

12.1 Routine Appointments

The Trust is committed to ensuring patients are seen and treated within the national maximum waiting time. The purpose of the outpatient booking service is to book the patients into the right clinic efficiently.

- Routine patients should expect to be given reasonable notice of appointments (3 weeks).
- Patients are requested to keep agreed appointments.
- Where possible, we will avoid giving patients less than 3 days' notice.
- Patients must contact the Trust at the earliest opportunity if they become unavailable for an appointment.
- Where there is a specific request for the patient to be seen at a specific time/date or where there is an agreed clinical pathway which stipulates when the patient is to be seen, the patients RTT status should be updated to ensure the patient does not breach their RTT pathway.
- No patients are to be booked for their 1st appointment beyond the 10th week without authorisation of the General Manager.

12.2 Cancer Pathway

- All 2WW referrals will be appointed by day 14 (national target). The Trust has an internal target of appointing 2WW referrals by day 7 where possible.
- Following receipt of referral the Trust will aim to make contact with the patient no later than 3 working days

13 Diagnostics

13.1 Diagnostics and Referral to Treatment

- Outpatient based diagnostics should follow outpatient access principles and inpatient diagnostics should follow inpatients access principles.
- Diagnostic pathways cannot be 'paused' if the patient is unavailable
- Admissions for diagnostic test must have admission dates within 6 weeks of the DTA (decision to admit) date, or earlier if requested by clinicians.
- There are occasions when a patient's RTT pathway has already been stopped but further diagnostic tests are required. If the outcome of the diagnostics is that further treatment is required then that will start a new RTT pathway.
- Occasionally a decision will be made during a diagnostic test that treatment is required and performed during the diagnostic procedure. In this instance this will stop the patients RTT pathway.

13.2 Non RTT Pathway Diagnostic Services

The following situations do not constitute part of RTT pathways:

- Patients who have been admitted as an emergency and undergo diagnostic tests
- Patients who have been referred directly for tests by their GP and will return to their GP to have their tests reviewed.

14 Inpatients and Day Cases (Admitted Pathways)

The process of selecting patients for admission and subsequent treatment is a complex activity. It entails balancing the needs and priorities of the patient against the available resources of theatre time and staffed beds.

- All patients will be chronologically managed with the exception of clinical priorities and pathway complexities.
- Decisions to treat patients and add them to the waiting list will be made by clinicians.
- Patients must be medically fit and be clinically and socially ready for admission.
- All outpatient consultations and investigations should be complete by the day they are added to the waiting list.

14.1 Cancer Pathways

- All patients referred on the two week wait pathway, from the National Cancer Screening Programme and consultant Upgrade with a diagnosis of cancer should receive first definitive treatment within 62 days of receipt of referral.
- The Trust's definition of reasonable offer is (3 weeks' notice and choice of 2 dates NICE guidance says that an offer is considered reasonable if "there was a sufficient amount of notice and the provider took account of personal circumstances") This offer information does not apply to patient who are being monitored on the cancer waiting times pathway.
- All patients, regardless of referral route, with a diagnosis of cancer should receive their first treatment and any subsequent treatments within 31 days of decision to treat.
- All patients referred with a suspected testicular, childhood cancer or acute leukaemia must receive their first definitive treatment within 31 day of receipt of the referral.
- No patients booked over 62 days.

14.2 Patient Admitted as an Emergency

- If the patient is admitted as an emergency and treated for the same condition as the referral, the patient's pathway clock will be stopped.

14.3 Patient Unavailability

- Patients who decline two or more reasonable offers of admission date would be expected to agree to the third offer.
- Patients who are unavailable for treatment and cannot commit to an admission date greater than 28 days in the future will receive an open discharge letter asking them to contact the Trust once they are available and ready to be admitted for treatment.
- Patients who are not available for treatment and have been issued with an open discharge letter, must return this letter within 6 months or be referred by their GP.

14.4 Pre-operative Assessment

- Pre-operative assessments will be carried out within 6 weeks of admission date.
- No patients are added to a treatment list unless a preoperative assessment to ascertain fitness for treatment has been carried out

If a patient becomes unfit after they have been listed:

- An assessment must be made on the likely duration of the period of unavailability.
- If the patient is likely to be unfit for over two weeks then the patient must be discharged back to the care of their GP for re-referral into the preoperative assessment clinic.
- Patients on cancer pathways, fitness for surgery will be balanced against the urgency with which the procedure needs to be carried out and therefore treatment may not be delayed on patients who would normally have been considered unfit.

14.5 2nd Side Procedures

- Bilateral procedures are often agreed with the patient before the first procedure is performed.
- Once patients have recovered from the 1st side procedure and are deemed ready for 2nd side procedures following contact or clinical assessment, the patient can be listed for the 2nd side procedure. This will begin a new RTT pathway for the 2nd side procedure.

15 Trust Initiated Cancellations of Admissions / Waiting List Removals

The Trust acknowledges it is not good practice to cancel a patient where at all possible. However there are some circumstances when this becomes necessary.

When this occurs the patient will be;

- Contacted and an alternative admission date agreed.
- This must be recorded as a Trust cancellation and the patient's length of wait will not be affected.
- Patients cancelled on or after admission must be treated within 28 days of the cancellation or prior to the end of the RTT pathway, whichever is the earliest.
- Patients whose elective inpatient admission has previously been cancelled on more than one occasion are a priority because of the repeated disruption to their lives and the psychological impact of repeated cancellation.

16 Discharges to GP/Referring Clinician for Re-referral

16.1 Routine Patients Awaiting Outpatient Appointments

Patients will be discharged to GPs if they:

- Decline 3 reasonable offers of dates for appointment;
- Unable to agree an appointment within 18 weeks of referral;
- Reschedule/cancel confirmed appointments more than once;
- Cancel their appointment altogether

16.2 Urgent Patients and Children Awaiting Outpatient Appointment

Patients will be discharged to GPs for the following reasons when clinically safe to do so:

- Patient is unable to agree an appointment within 18 weeks of referral;
- Patient reschedules/cancels confirmed appointments more than twice.
- In the case of children the Health Visitor or school nurse will also be notified.

16.3 Routine Patients Awaiting Admission to Hospital

Patients will be discharged to GPs if they :

- Are deemed “not fit for surgery”;
- Become medically unfit and are therefore unavailable for treatment for periods of 2 weeks or more;
- Are identified as being MRSA positive;
- Do not return a Patient unavailability letter within 6 months of issue.
- Cancel two accepted dates for admission (subject to clinical risk assessment by Consultant).

Reasons for discharging patients and clear guidance as to criteria for re-referral will be clearly communicated to the GP and Patient by letter.

17 Transfers between Providers

17.1 Transfers between NHS Providers or Private Providers (providing NHS care)

- Transfers out to alternative providers for treatment must always be managed with the consent of the patient.
- If a patient does not wish to be transferred, the original provider must ensure the patient is admitted for treatment in compliance with the waiting time guarantee.
- A completed RTT minimum Data Set (MDS) proforma must sent with all inter-provider transfers.
- Waiting times will continue uninterrupted and the patient must not experience an extended waiting time in their RTT pathway due to the transfer.

For further information see the Process and Guidance on Private Patients.

17.2 Patients Who Transfer from NHS to Private Care or Vice Versa

- Some patients transfer to NHS care post treatment, for these patients their pathway status will be assessed at the point of transfer.
- Patients who decide to transfer to private care for treatment will have their RTT pathway stopped on the date they leave NHS care.
- For patients who transfer from the private sector to NHS care will have their RTT clock start on the date the referral was received and NHS care started.

18 Special Patient Groups

18.1 Vulnerable Patients

It is essential that all staff within their roles ensure that patients who are vulnerable for whatever reason are:

- Identified as early as possible in the referral pathway
- Provided with whatever additional help and support is required
- Provided with communication in the appropriate format to access services

The referrer should make clear what needs have been identified, and this should be recorded on Trust systems, reviewing and updating on subsequent visits.

If a vulnerable patient DNA's an outpatient appointment refer to **Section 10** for details on the process to be followed.

If there are any safeguarding issues or concerns, trust procedures should be followed. For Further information on the safeguarding of children see Safeguarding Children Policy SWH 00623. For Further information on the safeguarding of adults see Safeguarding 'Adults at Risk' Policy and Procedure SWH 00552.

18.2 Treatment for Military Veterans

In line with December 2007 guidance from the Department of Health 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.

- 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 Policy
- Clinical priority will need to be taken into consideration.

19 Tracking of Patient Pathways

19.1 Patients on a 18 week Pathway

- It is the responsibility of those involved in the management of the pathway to track patients throughout the pathway to ensure the patient receives appointments and treatment in a timely manner and within 18 weeks.
- The Patient Access Team will monitor all open and closed pathways, validating any inconsistencies and highlighting to specialties where patients need to be escalated.
- Patients will be tracked via PTL's

19.2 Patients on Cancer Pathways

- All patients registered on the Somerset cancer Register will be tracked from the suspected cancer referral until the point where 'no diagnosed cancer' is clinically confirmed or until the end of treatment (this may include several subsequent treatments). Or at. This includes recording of all appropriate appointments, investigations and treatments that the patient undertakes along their cancer pathway.
- A patient can only be 'removed' from a cancer pathway following written confirmation from a clinician managing the patient's care. The cancer tracker needs a form of

written communication from the clinician to this effect with stipulated criteria as to why the patient can be 'removed' and then the Tracker will close the patient's cancer pathway.

20 Monitoring Compliance

The Workload Planning Group will ensure that the key processes set out in this document are audited. The results will be fed back via the Finance and Performance committee. .

Where monitoring has identified deficiencies, recommendations and an action plan will be developed to improve compliance with the document. See **Appendix C** for specific details.

21 Equality Impact Assessment

All Trust documents are required to have a preliminary Equality Impact assessment (EIA) performed on them in order to establish whether any group of people will be impacted on unfairly by the document. An EIA has been performed on this document and the outcome is shown in **Appendix D.**

22 Author

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23 Contributors

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Simon Illingworth Associate Director of Operations Elective Division

24 References

Department of Health (2012) Referral to Treatment Consultant-Led Waiting Times – Rule Suite.

Department of Health (2012) A 'how to' guide to measuring Referral to Treatment consultant led waiting times

South Warwickshire NHS Foundation Trust (2013) SWH 01044 Patient Access Policy Guidelines

South Warwickshire NHS Foundation Trust (2010) Process and Guidance on Private Patients

South Warwickshire NHS Foundation Trust (2015) SWH 00623 Safeguarding Children Policy

South Warwickshire NHS Foundation Trust (2015) SWH 00552 Safeguarding 'Adults at Risk' Policy and Procedure

25 Appendices

Appendix A: Glossary
Appendix B: Paediatric DNA Flow Chart
Appendix C: Cancer Waiting Time Targets
Appendix D: Monitoring Compliance Form
Appendix E: Equality Impact Assessment

26 Appendix A: Glossary

For the purposes of this policy, the following terms have the meanings given below:

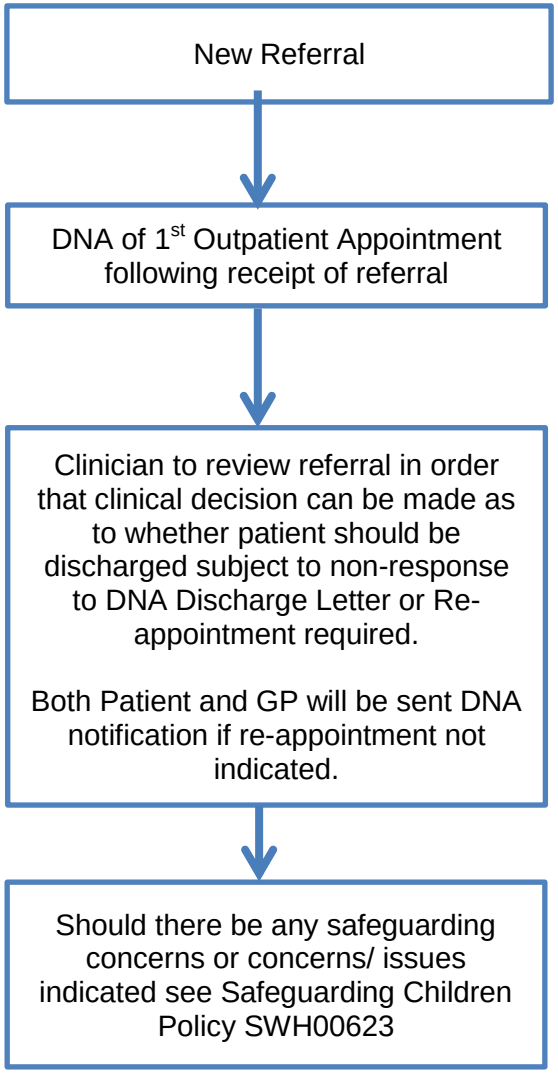
18 week referral to treatment (RTT) period	The part of a patients care following initial referral, which initiates a clock start, leading up to the start of first definitive treatment or other 18 week clock stop point.
Active Monitoring	An 18 week clock may be stopped where it is clinically appropriate to start a period of monitoring without clinical intervention or diagnostic procedures at this stage. A new 18 week clock would start when a decision to treat is made following a period of watchful waiting / active monitoring.
Admission	The act of admitting a patient for a day case or inpatient procedure.
Admitted pathway	A pathway that ends in a clock stop for admission (day case or inpatient).
Bilateral (procedure)	A procedure that is performed on both sides of the body, at matching anatomical sites. For example, removal of cataracts from both eyes.
Cancelled Ops/procedures	If the Trust cancels a patient's admission on the day of the admission / procedure for a non-clinical reason (i.e. lack of theatre time) – the Trust is required to re-arrange a new operation date within 28 days of the cancelled procedure date, or within target wait time, whichever is the soonest
Carer	Adult with "parental responsibility" for the child e.g. parent, local authority nominated person
Children and Young People and young people	The policy defines Children and Young People in accordance with the Children Act (1989 & 2004) All Children and Young People aged 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 (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 Act 2004) must have their needs assessed in line with this policy.
Chronological Order	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 of their referral.
Clinical decision	A decision taken by a clinician or other qualified care professional, in consultation with the patient and with reference to local access policies and commissioning arrangements.
Clock pause	A temporary stop in the RTT clock for inpatients who declare themselves unavailable for treatment for up to 4 weeks

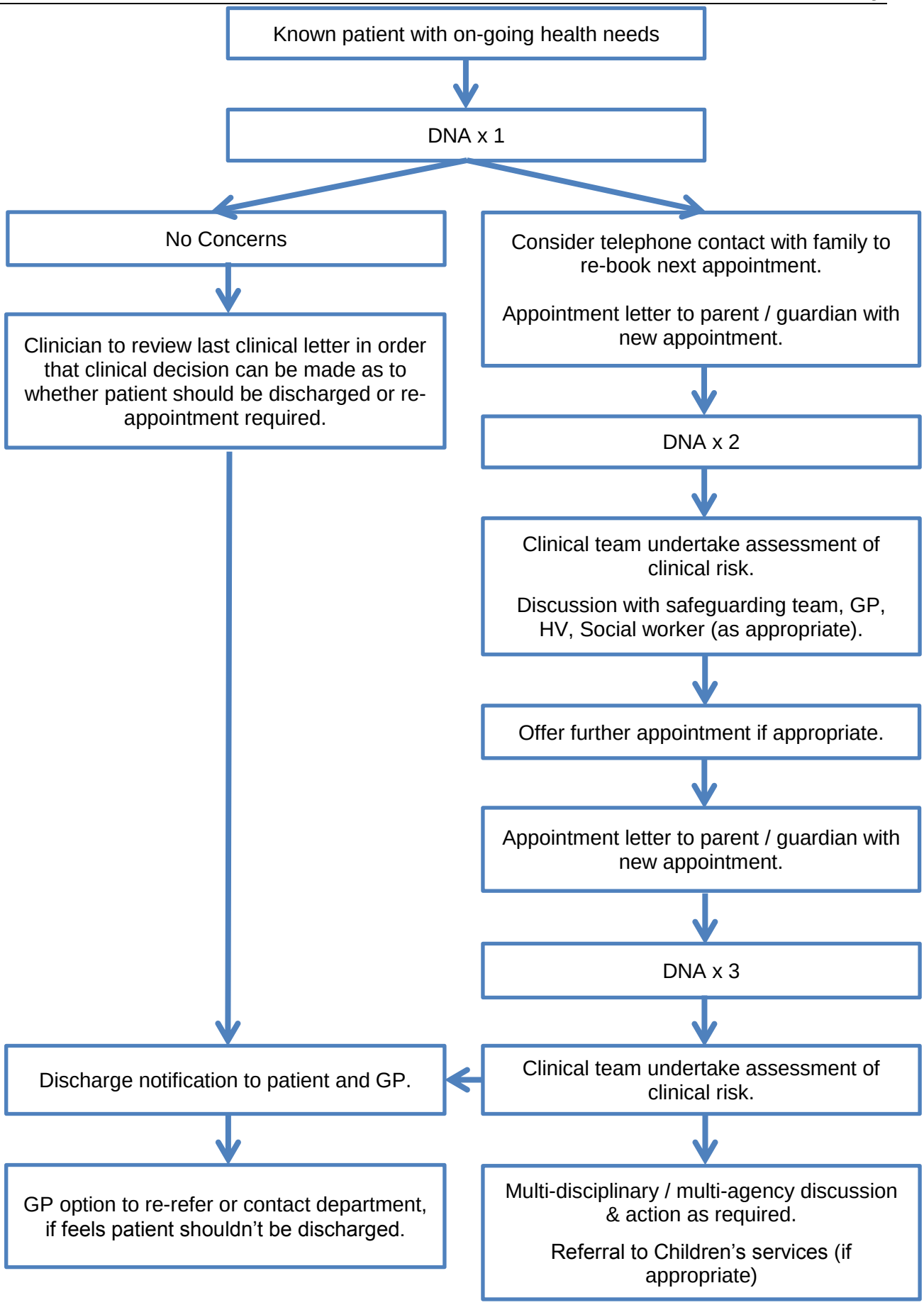
Consultant-led	A Consultant retains overall clinical responsibility for the service, team or treatment. The Consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care.
Convert(s) their UBRN	When an appointment has been booked via Choose and Book, the UBRN is converted. (Please see definition of UBRN).
Day case	Patient who requires admission for treatment but who is not intended to stay overnight.
Day case Diagnostic	Patients who require admission to the Trust for a diagnostic procedure / test / image and will need the use of a bed but who are not intended to stay in Trust overnight.
Decision to Admit (DTA)	Where a clinical decision is taken to admit the patient for either a day case or inpatient.
Decision to treat	Where a clinical decision is taken to treat the patient. This could be treatment as an inpatient or day case, but also includes treatments performed in other settings e.g. as an outpatient.
DNA - Did not attend	When a patient fails to attend an appointment / admission without prior notice.
Electronic Referral Management System (ERS)	Formerly known as the 'Choose and Book' electronic referral system. A national electronic referral service that gives patients a choice of place, date and time for their first Consultant outpatient appointment in a Trust or clinic
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.
Fit (and ready)	A new 18 week clock should start once the patient is fit and ready for a procedure. In this context, fit and ready means that the clock should start from the date that it is clinically appropriate for the patient to undergo that procedure and from when the patient says they are available.
Inpatient	Patient who requires admission to the Trust for treatment and will remain for at least one night
Inpatient Diagnostic	Patients who require admission to the Trust for a diagnostic procedure / test / image and are intended to remain in Trust for at least one night.
MDT	Multi-Disciplinary Team
Non-admitted pathway	A pathway that results in a clock stop for treatment that does not require an admission or for „non-treatment"

Non consultant-led	Where a Consultant does not take overall clinical responsibility for the patient.
Outpatients	Patients referred by a General Practitioner (medical or dental) or another Consultant / health professional for clinical advice or treatment.
Lorenzo	Trust's patient administration (or Admission) system
Patient Cancellation	Patient who has previously accepted an outpatient appointment time or date for operation and then subsequently notified the Trust that they wish to cancel or change their appointment
Patient Pathway ID (PPID)	The unique reference number assigned to a patient's RTT pathway. Where a patient is referred from another organisation and the pathway has already started, then the PPID will begin with their unique identifier or Choose and Book identifier.
Pause/clock pause	The act of pausing a patient's 18 week clock. Clocks may only be paused for non-clinical reasons and only where a patient chooses to wait longer for admission than 2 reasonable offers made by the provider.
Primary Targeting List (PTL)	The PTL is a required undertaking to monitor and report weekly on the waiting lists against agreed targets.
Reasonable offer	*A reasonable offer* is an offer of a time and date three or more weeks from the time that the offer was made. If patients decline these offers and decide to wait longer for their treatment, their clock may be paused from the date of the first reasonable offer and should re-start from the date that patients say they are available to come in.
Referral Management or assessment Service	Referral management or assessment services are those that do not provide treatment, but accept GP (or other) referrals and provide advice on the most appropriate next steps for the place or treatment of the patient. Depending on the nature of the service they may, or may not, physically see or assess the patient. A clock only starts on referral to a referral management and assessment service where that service may onward-refer the patient to a surgical or medical consultant-led service before responsibility is transferred back to the referring health professional.
Straight to test	On referral it is felt appropriate to send the patient directly for diagnostic tests, for example Endoscopy, without an outpatient appointment first.

Substantively new or different treatment	On completion of an 18 week referral to treatment period, a new 18 week clock starts on the decision to start a substantively new or different treatment that does not already form part of that patient's agreed care plan. Where further treatment is required that was not already planned, a new 18 week clock should start at the point the decision to treat is made, for example where less "invasive / intensive" forms of treatment have been unsuccessful and more „aggressive / intensive" treatment is required. A change to the dosage of existing medication may not count as substantively new or different treatment, whereas a change to medication combined with a decision to refer the patient for therapy might. Ultimately, the decision about whether the treatment is substantively new or different from the patients agreed care plan is one that must be made locally by a Consultant in discussion with the patient.
TCI	To come in (patient appointment date and time)
UBRN	Unique Booking Reference Number (Choose & Book) The reference number that a patient receives on their appointment request letter when generated by the referrer through Choose and Book. The UBRN is used in conjunction with the patient password to make or change an appointment.
Vulnerable children	All children are vulnerable by virtue of their age and inexperience but some are more vulnerable than others. Safeguarding children is the responsibility of all adults. All children are also vulnerable to failures by adults. Those that are particularly vulnerable as defined by Working together to Safeguard Children, 2006: • Children in the care of the Local Authority • Children on the Child Protection Register or with a Child Protection Plan • Child with a Child Safety Order or Parenting Order • Children with chronic health needs • Children in Trust • Disabled children • Children in custody or within the Youth Justice system • Children from black and minority ethnic groups • Migrant children • Children of families living in temporary accommodation / travelling families • Children from households where there has been domestic violence • Children of substance and alcohol misusing parents • Children of parents with mental health problems
Waiting List	A list of patients waiting for an outpatient, diagnostic appointment or admission to hospital

27 Appendix B: Paediatric DNA Flow Chart




Known patient with on-going health needs
DNA x 1
No Concerns
Clinician to review last clinical letter in order that clinical decision can be made as to whether patient should be discharged or re-appointment required.
Discharge notification to patient and GP.
GP option to re-refer or contact department, if feels patient shouldn't be discharged.
Consider telephone contact with family to re-book next appointment.
Appointment letter to parent / guardian with new appointment.
DNA x 2
Clinical team undertake assessment of clinical risk.
Discussion with safeguarding team, GP, HV, Social worker (as appropriate).
Offer further appointment if appropriate.
Appointment letter to parent / guardian with new appointment.
DNA x 3
Clinical team undertake assessment of clinical risk.
Multi-disciplinary / multi-agency discussion & action as required.
Referral to Children's services (if appropriate)

28 Appendix C: Cancer Waiting Time Targets

The standards that NHS Providers are expected to meet are:
Cancer waits – 2 week wait
Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP – Operational Standard 93%
Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) – Operational Standard 93%
Cancer waits – 31 days
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – Operational Standard 96%
Maximum 31-day wait for subsequent treatment where that treatment is surgery – Operational Standard 94%
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – Operational Standard 98%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – Operational Standard 94%
Cancer waits – 62 days
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – Operational Standard 85%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – Operational Standard 90%
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set

29 Appendix D: Monitoring Compliance Form

Title of Document	Patient Access Policy	
Relevant Standards	**Health & Social Care Act**	**Other e.g. West Midlands Quality Review Service, Peer Reviews etc.**
	9, 1	Department of Health Referral to Treatment Rules and Guidelines

Monitoring/Audit Plan

Process / minimum requirement to be audited / monitored	Lead	Tool/How	Written Reporting Frequency	Written Reporting Arrangements
Tracking of both Inpatient and Outpatient Patient Pathways	Patient Access Services	Primary Target List	Weekly	Workload Planning
Scheduling of 1st Appointments	Patient Access Services	BI module	Weekly	Workload Planning
Percentage of patients booking through Choose and Book; and Choose and Book Appointment slot issues	Choose and Book Lead	Choose and Book system	Monthly	Workload Planning
Open pathways over 18 weeks	Patient Access Team	Primary Target List /BI module	Weekly	Workload Planning
Patient DNA rate; and Hospital Reschedule rate	Information and Performance	BI module	Monthly	Trust Board
Number of patients over threshold for follow up appointments	Patient Access Services	Primary Target List	Weekly	Workload Planning

The above Table outlines the minimum requirements to be audited/monitored; additional audits will be commissioned in response to deficiencies identified within the service through morbidity and mortality reviews/benchmark data provided by CHKS or in response to national initiatives e.g. NICE, RCOG guidelines and CNST standards.

Lessons learnt and action plans will be shared with all the relevant stakeholders.

Name:	Natasha Lloyd-Lucas	**Job Title:**	Patient Access Service Manager	**Date:**	August 2016

30 Appendix E: Equality Impact Assessment Form

Has an Equality Impact Assessment been carried out?	**YES**
Preliminary Stage 1 Equality Impact Assessment (must be completed if required*)	
What date was Stage 1 completed and published?	**June 2013**
Has a Full Assessment Stage 2 Equality Impact Assessment Tool been undertaken*?	**NO-NA**
If yes, what was the date of assessment and publication of Stage 2 and action plan?	**NO**