

ELECTIVE PATIENT ACCESS POLICY

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1. Introduction

Croydon Health Services NHS Trust (CHS) 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 has committed the NHS to nationally providing the 18 week pathway which requires monitoring the total period waited by each patient and to manage each patient's journey from referral to treatment in a timely and efficient manner.

The Trust remains committed to ensuring patients are seen and treated as soon as possible. Under the NHS constitution, our patients have the right to access services within the maximum waiting times, with an expectation that performance does not deteriorate and where possible continues to improve.

This policy is to be read in combination with the two procedures documents. The documents detail patient access to the Trust services which require an elective appointment. It includes guidelines and procedures for the effective management of waiting times, patient pathways and cancer targets associated with patient access.

Emergency procedures are managed on a different pathway, but at any point where an appointment is required the same principles apply.

The policy reflects the patients waiting times for access to CHS from receipt of new outpatient referral to completion of investigations or elective treatment and discharge back to the GP.

What is the Referral-To-Treatment patient pathway?

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 or, where this is not possible, for the NHS to take all reasonable steps to offer the patient a quicker appointment at a range of alternative providers if the patient makes such a request.

What is the Urgent Suspected Cancer pathway?

Patients referred from their GP on an urgent suspected cancer pathway have the right to be seen within 14 day of the referral being received at the trust. Investigations and treatment for cancer should be within 62 days of the referral. The 62 day target also applies to all patients upgraded to suspected cancer by the clinicians, and all patients referred via the national screening service.

2. Patient Expectation

Patients have a right to expect to be seen and treated within national operating standards for waiting times, which are outlined below:

- 95% of non-admitted patients will receive their first definitive treatment within 18 weeks (127 days) of their referral.
- 90% of admitted patients will receive their first definitive treatment with 18 weeks (127 days) of the referral.
- No patient will wait longer than 6 weeks for a diagnostic test or imaging.
- All patients with suspected cancer who are referred urgently by their GP must be seen within 14 days of the GP decision to refer being made.

- All patients diagnosed with any form of cancer will receive their first treatment within 31 days of diagnosis.
- All patients referred through the urgent 14 day cancer referral route and subsequently diagnosed with cancer will receive their first treatment within 62 days of the date of referral.
- Patients who are not referred through the urgent 14 day pathway but who have highly suspicious symptoms may be added to the 62 day pathway at the request of a hospital specialist, as will any patients referred from screening services.

In addition to this the Department of Health has set out other patient expectations which include the following:

- To be seen by a health professional whom they trust
- To be given a clear explanation of their condition and what treatments are available
- To know what the risks and benefits of each treatment are
- To be able to seek a second opinion
- To give written consent before any operation or procedure
- To be offered the use of a chaperone when being seen in a clinical environment
- To see their patient records and be sure that the information will remain confidential (Data Protection Act, 1998)
- In the event of making a complaint, to receive a written acknowledgement within 3 working days and a response to the complaint within 28 working days.

3. The Trust Vision

In August 2010 Mayday Healthcare NHS Trust integrated with Croydon Community Services to form an Integrated Care Organisation, Croydon Health Services NHS Trust. The Trust's vision has been developed to reflect its integrated status and the opportunities this affords.

“To provide high quality, safe and compassionate care for local people”

To support the achievement of this vision, the Trust has made a promise to the people of Croydon, whether in hospital, community or at home that we will do our best to ensure:

- **You feel cared for** by helpful and welcoming staff, who respects you as an individual.
- **You feel in safe hands** with highly professional staff who work well together in clean clinics and hospitals.
- **You feel confident** in your treatment from skilled teams of compassionate clinicians who listen to you and keep you informed.
- **You feel we value your time** with convenient appointments, minimal waiting and care closer to home.
- **You feel it's getting better** all the time as we continue to improve our services.

A clear strategic direction for the organisation has been developed that is firmly centred on meeting the needs of the local population, improving the patient experience and breaking down the traditional barriers between acute and community care settings. This is underpinned by measurable objectives to allow the organisation to succeed in the changing health economy including a commitment to the principles outlined in this Access Policy.

4. Objectives

The Patient Access Policy should be used as the lead policy under which all operational policies and procedures within the Trust are developed. Each department will be responsible for producing and maintaining operational plans which reflect the standards set out in this policy, including effective monitoring systems.

Patients will be seen and treated within national guaranteed maximum waiting times.

The process of managing the waiting list will be transparent to the referrers and the public. Communications with patients will be timely, informative, clear and concise.

Patients will only be added to a waiting list or offered an outpatient appointment if there is a real expectation that they will be treated, and that they are ready, willing and able to make themselves immediately available.

The Trust has documented procedures and operational policies which will put these principles into effect. The Policy will be applied consistently and without exception within the Trust. This will ensure that all patients are treated equitably and according to their clinical need.

5. Responsibilities

The Chief Operating Officer on behalf of the Chief Executive has overall responsibility for the implementation of this policy.

The Chief Operating Officer (Acute) is responsible for ensuring the delivery of standards and monitoring compliance of the patient 18 week pathway. This will be reported through the General Manager for Access & Administration.

The service managers are responsible for the overall delivery, monitoring and development of the 18 week pathway and the departments' local inductions must reflect this.

All staff must abide by the principles of the overarching Policy and by the operational policies documented for their respective departments, functions and services

6. Implementation and Training

Implementation: The Policy will be published on the Trust Intranet with staff advised of the publication via the weekly staff communications bulletin. Members of staff who do not receive electronic newsletters will be able to access the bulletin via the department notice boards.

Training: This Policy has been produced to ensure that the Trust maintains effective 18 week pathway management. Managers in all areas are responsible for ensuring that staff is adequately trained, aware of and work within the Trusts policy requirements.

Specifically staff responsible for monitoring the Patient Tracking List (PTL) must undergo formal training delivered by the Information Department/Patient Pathway Team.

7. Monitoring

Appropriate information on the waiting list and expected waits are published by the Information Team using Referral to Treatment (RTT) data, based on individual patient accounts/episodes.

This is distributed routinely to Service Managers, Assistant Directors of Operations and other staff as appropriate. Summary speciality and clinician waiting times information is presented to the Trust Executive and Board and CCG 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.

The mechanisms for monitoring all waiting times/data quality are:

- Weekly at the Access Meetings
- Weekly PTL Report
- Monthly Directorate Performance Monitoring Reports
- Trust Board Reports

Cancer Waiting Times information is collated and published by the Cancer Services management.

This is distributed routinely to Service Managers, Assistant Directors of Operations and other staff as appropriate. Summary speciality and clinician waiting times information is presented to the Trust Executive and Board and CCG 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.

The mechanisms for monitoring cancer waiting times are:

- Weekly at the Access Meetings
- Weekly PTL meetings
- Monthly Directorate Performance Monitoring Reports
- Trust Board Reports
- Weekly Cancer Management meetings
- SWL meetings every two months
- Weekly breach and performance reports

The main operational mechanism for monitoring progress and adherence to the Access Policy is the weekly Access meeting, chaired by the General Manager for Critical Care & Surgery (or nominated representative).

8. Elective Patient Access Outpatient Procedure

8.1. 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.

8.2. Delivering the 18 week patient pathway general principles

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 A&E (fracture, ENT etc.).

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 Department of Health in relation to the 18 week target which states that 90% of patients on an admitted patient pathway and 95% of patients on a non-admitted patient pathway must be treated within 18 weeks. These standards are expected to be achieved at individual speciality level as well as an aggregate of the Trust.

Further, the incomplete pathways, which are an aggregate of active admitted and non-admitted pathways, are expected to adhere to a tolerance of 92% at both speciality and Trust level.

The 18 week patient pathway is triggered by referrals to consultant-led services from GP's, GDP's, GP's with Special Interest, Optometrists, orthoptists, accident and emergency services, minor injuries units, walk in centres, GUM 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.

Clock starts

A clock starts when a GP, dentist or other healthcare professional refers a patient to the Trust for any elective service (other than planned care) for the patient to be assessed and, if appropriate, treated before responsibility is transferred back. This includes the following:

- Any referral to a consultant led service.
- Any referral to an interface service (All arrangements that incorporate any intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care)
- Includes self-referrals to these services (where agreed by commissioners and providers)

For paper referrals this is the date the trust receives the referral. For Choose & Book referrals the clock starts on the date the patient calls to make an appointment and gives their unique booking reference number.

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

Clock pauses

Once the decision to admit has been made, the patient's clock may only be paused to take account of the patient's choice to delay their admission. It is the trust's policy to offer two admission dates with at least three weeks notice. In the circumstances where the patient is unable to accept these two dates, their clock will be paused from the 1st reasonable offer date until the date that the patient has stated they will be available (in practice this is often a new admission date that the patient accepts). The trust will apply a pause for up to 12 weeks from the appointment date offered. If the patient is unable to be treated within this longer period they will normally be referred back to their GP. If they wish to be treated within six months the Trust will normally accept a self-referral. The Trust will not pause patient's pathway for clinical reasons.

Clock stops

The clock stops when the patient receives the first treatment for the condition for which they have been referred. A patient's First Definitive Treatment is an intervention intended to manage a patient's disease, condition or injury and avoid further intervention. 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.

You can also have clock stops for non-treatment. The following are examples where patient's clocks will be stopped for non-treatment reasons;

- Patient is returned to primary care for care (this includes primary care based therapy)
- Clinical decision to start a period of active monitoring
- Patient declines treatment
- Clinical decision not to treat

For guidance re clock start/stop refer to:

<http://www.england.nhs.uk/statistics/rtt-waiting-times/rtt-guidance/>

8.3. Maximum wait of 13 weeks for first Outpatient appointment (GP referral)

The Trust has an internal target that states that no patient should wait longer than 13 weeks for their first outpatient appointment from GP referral.

8.4. GUM (Genito-Urinary Medicine) Services

All patients seeking an appointment in the GUM clinic will be offered an appointment within 2 working days or invited to attend the next walk-in clinic within 2 days. This is in line with the Care Quality Commission 48 hour access target. Patients choosing not to be seen within the 48 hours will be offered an appointment at their convenience.

The Trust will aim to deliver patient care within the above internal operating standards and time periods

8.5 Referral Processes

The Trust and Croydon CCG jointly support and are working towards all referrals being made directly via Choose and Book. Paper referrals in the future will only be accepted for referrals from referring Clinical Commissioning Groups (CCGs) outside of Croydon CCG.

Faxed referrals on the appropriate pro-forma for Rapid Access Chest Pain (RACP), for symptomatic breast referrals, Rapid Access gynaecology colposcopies and for Cancer Two Week Waits will be accepted.

Before patients are referred the GP's and other referrers are asked to ensure that patients are ready, willing and able to attend for any necessary outpatient appointments and / or treatment, and ensure the patient is both clinically fit for assessment and possible treatment of their condition, that they fully understand the implications of any surgery or other treatment which may be necessary. The trust will work with Croydon CCG, GPs and other Primary Care Services to ensure that Patients understand this before starting an elective pathway.

8.6 Paper Referral letters

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, ethnicity 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 return it to the originating referrer.

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 will be allocated to the relevant consultant, but if they do not have sufficient capacity to accept the referral then a decision will be made in conjunction with the consultant and the speciality Operational/Service 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. In addition, patients may choose to see a specific consultant which would need to be accommodated by the service.

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

Paper referrals are received into the Trust and are then date stamped and logged onto the generic wait list function on CRS Millennium.

Referrals are then sent to the appropriate department for review by a Consultant within the referred speciality within three days of arrival in the Central Booking Office.

Referrals that are sent in to any other area other than the allocated receiving centre need to be forwarded within three day of receipt by the department for logging before arrangements are made to see the patient. The exception to this is where this delay significantly increases the risk of harm to the patient.

The Consultants are expected to return the referral letters to the receiving centre within five working days of receipt of the referral into the Trust. The consultant will ensure that cover is arranged with a named consultant during all periods of absence.

For Non Choose and Book Referrals the 18 week clock starts on the date that the referral letter is received by the provider.

Any referrals identified as needing to be sent back to Primary Care i.e. inappropriate referrals, should be returned to the referrer with an explanation. The patients will then be

removed from the 18 week pathway and this will be communicated back to the referrer and patient (if the referral has been received via Choose and Book).

Patients will be 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.

8.7 Registration

- In all instances the patient's PMI (Patient Master Index) on the Trust's CRS Millennium System must be searched using the patient's NHS Number, followed by name, DOB, Gender and demographic details.
- All referrals from GP's must include:
 - The patients NHS Number
 - Patient's surname, forename
 - Date of birth
 - Gender
 - Ethnicity
 - Full address
 - Daytime/Evening contact numbers/Mobile numbers
 - GP details
- Referrals received (with the exception of two week wait and cancer referrals) that do not contain the key clinical information to support appropriate triaging may be returned to the patient's GP with an explanatory letter.
- All referrals will be date stamped on receipt in the Trust.
- If the patient is already registered on the Trust patient administration system, the details must be checked and corrected accordingly.
- If the patient is not registered on CRS Millennium, full patient details will be entered on the hospitals patient administration system to allocate a hospital and case note number.
- Referral should be registered within 24 hours of receipt and prior to triage.

8.8 Choose and Book (CaB)

CaB is a national service that combines electronic booking with a choice for patients of time, date and provider for first outpatient appointments.

It is the aim of the Trust to receive all GP referrals via CaB. It is the responsibility of the operational/service management team in conjunction with the designated Directory of Services (DoS) lead to ensure that the DoS is up to date and reflects the nature of the clinic. This gives the best chance of the patient being booked into the correct clinic at the first visit and reduces the rejection rate. It is the expectation that the operational/service management team will review their DoS on a quarterly basis, or more often should the need be there.

Directly Bookable Services (DBS) enables the GP to book a first outpatient appointment slot while their patient is in the surgery, or will give the patient a Unique Booking Reference Number (UBRN) and a password so the patient can use the Healthspace Website or 'The Appointment Line' (TAL) to book a slot at the hospital of their choice. The patient should be able to book their first appointment within 24 hours of referral.

TAL run by NHS Direct will send out a reminder letters to patients who have yet to book their appointment after a UBRN has been generated. This will occur approximately between 2 and 3 weeks after a UBRN is generated. The Trust will endeavour to give patients their choice of site within the Trust but as a single provider, patient appointments may be offered a different site if appropriate treatment is available.

Consultants within the specialty that the patient has been referred to, will review the referrals online and accept, redirect or reject the referral as necessary. Any rejected referrals are instantly reported on to the referring GP, enabling the GP to contact the patient in a timely fashion and discuss next steps.

For referrals made through CaB the 18 week clock starts on the date the patient converts their UBRN.

8.9 The Appointment Line (TAL)

Patients who do not book their appointment while with their GP or via Healthspace can telephone TAL to make their appointment using their UBRN and password.

If this process is not possible due to lack of capacity then the UBRN is to be directed to the Trust via the 'defer to provider' function, for local management to resolve. The booking centre staff or team co-ordinator will then call the patient to offer an appointment within 48 hours via CaB.

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 will be escalated to the appropriate Operational/Service Managers so they can be discussed at the weekly Access Meetings.

8.10. Booking Capacity

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

8.11. Patient availability

If a patient is unavailable for 12 weeks or more from the date of appointment offered to them, the Trust will discharge the patient back to their GP/referring clinician. This is to ensure they receive timely assessments/treatments for their condition.

8.12. Clinically inappropriate referrals

If the referral is clinically inappropriate, the consultant may not accept the referral. If this is the case, the reason for the decision will be communicated to the referrer, with a patient copy of the letter being sent within 15 working days of receipt by the Trust.

8.13. RACP (Rapid Access Chest Pain Clinic), Rapid Access Colposcopy Referrals & Urgent Symptomatic Breast Referrals

To meet required NHS standards, rapid access chest pain referrals & urgent symptomatic breast referrals must be seen by a specialist within 14 days of the GP faxing the referral through. Rapid Access Colposcopy referrals must be seen within 28 days.

In order to achieve this standard, the Trust requires the GP to use the referral pro-forma and fax the pro-forma to an assigned urgent fax number.

Patients who do not wish to be seen in the outpatients department within the 14 days of referral may be discharged back to their GP, only if this would shorten the waiting time.

8.14 Urgent two week wait suspected cancer referrals

This part of the service is managed in the Cancer Services department.

Access standards for patients with suspected cancer are also set nationally. Patients referred by their GP via the 'two week wait' rule, must have their first appointment with an appropriate specialist within 14 days (including weekends and public holidays).

These are not prioritised by clinicians, but allocated an appointment date immediately. The date of referral, the date of receipt and the date of appointment will be recorded.

If a patient has a confirmed diagnosis of cancer they must receive their first definitive treatment within 62 days of the GP referral receipt date, or not more than 31 days after the decision to treat date (DTT). The DTT date refers to the date after the patient has been discussed at the Multi Disciplinary Team (MDT) meeting, when the treatment options are discussed and agreed between a specialist clinician and the patient.

Patients who are not referred via the 'two week wait' rule but who are found to have a diagnosis of cancer should receive their first definitive treatment within 31 days of the decision to treat.

The cancer standards have recently been extended and now cover the following areas:

- The 31 day target for subsequent treatments (second surgical procedure or chemotherapy)
- Any patient who has been referred from a cancer screening service now comes under the 62 day pathway and will be monitored and treated as part of the current 62 day pathway.
- If a patient has not been referred in via the 'two week wait' rule a consultant can decide to upgrade the patient on to the 62 day pathway if they feel it is a suspected cancer.
- From December 2009 all breast referrals (whether routine or urgent) must have their first appointment with an appropriate specialist within 14 days.

Two week wait patients that cancel their appointment must be given another appointment within two weeks of the date of the cancellation, still within the 14 day target if possible.

Patients referred under the cancer two week wait rule, that are given an appointment but who DNA, must be contacted and offered another appointment within 14 days of the date of the DNA'd appointment. The clock start date resets from the date the patient contacts us to rebook following DNA. When the appointment is rebooked by the trust without the patient first contacting us the clock start resets to the date the appointment is booked and the patient is informed. This clock start reset is administered in the form of an adjustment to the pathway for the number of days between the referral received date and the date of rebooking.

If a patient DNAs their first appointment twice consecutively the patient should be discharged back to the care of their GP.

A DNA is defined as a patient failing to attend a booked appointment without notifying the trust. If the patient contacts the trust, even if it is during clinic after the appointment time, the patient must be classed as a cancellation not a DNA.

If a patient DNAs twice consecutively at any time in the pathway after their first appointment they should be removed from the 62 day USC standard for non-engagement with the service and will be seen as a routine patient, continuing on the RTT pathway. The GP should be informed. The patient should only be discharged in this situation if the consultant feels it is the clinically appropriate action.

In the case of patients on 62 day suspected cancer pathways there is no minimum period of time for an offer of treatment to be considered reasonable. The urgent nature of cancer treatment means that any offer, even at short notice, is considered reasonable.

If a patient declines an offer of admitted treatment and wishes to wait until a later date an adjustment for the period the patient is making themselves unavailable can be applied.

If a treatment decision is made with the patient, triggering the start of a 31 day treatment pathway, but they then become unwell and treatment cannot proceed the 31 day clock should be voided as until the patient is fit the previously agreed treatment is not a viable option. All viable treatment options should then be reconsidered and a new 31 day clock start commenced when the new plan is decided.

For further information on Cancer Waits please refer to '*Going Further on Cancer Waits: Local Access & Referral Policies*'

8.15. Consultant to Consultant (Tertiary) Referrals

Consultants wishing to make an outpatient referral to another Trust should complete a standard referral form and Inter Provider Transfer pro-forma with the necessary Minimum Data Set (MDS).

The Inter Provider Transfer (MDS) 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.

Consultant to consultant referral for a condition unrelated to the original referring condition

This is where a consultant sees a patient in clinic having been referred for condition A, and then following the consultation, refers on to another consultant (within or outside of the Trust) for a different condition (condition B). This consultant referral starts a new, second clock (pathway) for condition B. The clock which was started by the original referral for condition A continues to tick.

Consultant (or consultant-led service) referrals can also start the clock, specifically:

- If during a referral for one condition, the consultant newly identifies another condition. This will start a second 18 Week Pathway clock (a 31 day clock will start if cancer is the new condition). The first original clock will still be ticking
- Separate conditions or complications developed with pregnancy, or if a new-born baby is suspected of having a condition requiring medical or surgical consultant-led treatment
- New conditions are identified as a result of a genetic test
- In cases where a decision to treat is made (at follow-up outpatients) for a patient whose programme of long-term care needs to be medical or surgical consultant-led
- If further treatment is required after active monitoring (watchful waiting) then a new patient pathway and clock start would begin

Bilateral procedures

Where a patient requires a bilateral procedure and the second procedure is not undertaken at the same time as the first, a new clock starts when a patient is fit and ready for the second treatment.

Ongoing 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 Health Care 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 will use the agreed Inter-provider Transfer Proforma (ITP) to communicate the relevant information about the patient's treatment status. When receiving ITPs the relevant information must be entered on to the PAS. This is to ensure the Trust has an accurate record of the patient's treatment status.

8.16 Private Patients Transferring to the NHS

Patients can choose to convert between an NHS and private status at any point during their treatment without prejudice.

If a patient has been seen privately, either in the Trust or at another hospital and wishes to be treated at Croydon Health Services NHS Trust by the same consultant as an NHS Patient; the patient must first obtain an NHS referral letter from their GP or referring consultant. No patient should be referred direct to the Croydon Health Service NHS Trust from the private service.

On receipt of this letter the patient may 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.

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 CRS Millennium.

8.17 Low Priority Procedures

Low Priority Procedures Guidance must be adhered to – any procedures undertaken without prior authorisation, will not be authorised by the CCGs. A GP should request an opinion prior to referral to secondary care for conditions that are normally within this exclusion group. 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.

Patients requiring commissioner approval

No referral for an excluded procedure should be accepted without an exceptional treatment approval form. 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 PCT panel.

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 CRS Millennium workbench to provide the detail regarding the exceptional treatment case. When funding approval is required for treatment, the patient will not be placed on the waiting list until approval is obtained from commissioners. The Trust and PCT 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.

Patients on Cancer pathways continue on their pathways and are not returned to the care of the GP – see Cancer Operational Policy for details of how to progress the patient.

Access to Health Services 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. 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.

8.18 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 12 weeks of the first date offered will be discharged back to their referring clinician.

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.

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.

A reasonable offer of a date for an outpatient appointment for a verbal offer, is two dates with the earliest a minimum of 1 week(s) away and for a written offer is a date with a minimum of a 1 calendar week(s) away.

Reasonable notice for an elective therapeutic admission for a verbal offer is two dates with the earliest a minimum of three calendar weeks away and for a written offer is a date with a minimum of three calendar weeks away.

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

The aim of clinic and admissions booking staff will always be to find a date appropriate for a patient's clinical priority and convenient to that patient. Therefore 3 attempts to contact every patient by telephone will always be made if an appointment or admission date is less than 2 weeks away. These contacts must be recorded accurately in the comments field in the outpatient booking screen in CRS Millennium.

8.19 Outpatients Appointments

On arrival at clinic:

- All patient details must to be checked and amended as necessary on the Trust CRS Millennium system. This will include patient address, contact telephone numbers, GP and ethnic category.
- 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.
- 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 sheet must be completed to reflect this decision. The RTT pathway should be closed with patient discharged.
- Notes should be available in clinics for the patient consultation – however in the rare eventuality that the notes are unavailable a temporary set of notes 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.

8.20 Appointment Cancellations

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 the area who will then notify the relevant Associate 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.

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 patients 18 week pathway current status will remain.

8.21 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. Leave should be given as early as possible to minimise the effect on clinics. This is the responsibility for the operational/service 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.

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. The Operational/Service Manager should be informed.

8.22 Clinic Cancellations or Reduction

The Trust is committed to offering certainty to patients as well as choice in arranging care. As such, every effort will be made to avoid cancelling patient's appointments. Every effort will be made 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 that have been previously cancelled should not be cancelled a second time. Such occurrences require immediate escalation to the General Manager for Access.

When clinics have to be unavoidably cancelled/reduced at short notice this must be approved by the appropriate ADO/General Manager or Chief Operating Officer. Liaison with Nursing staff, OPD Service Manager, Cancellation and Reschedule team, Booking Team and Medical Records is essential.

On receipt of a request to cancel or reduce a clinic, the Cancellation and Reschedule team will avoid cancelling the following patients

- Urgent Cancer or Urgent Two Week Wait Referrals
- RACPC & Urgent Symptomatic Breast Patients
- Long term follow up flagged cancer patients
- Urgent appointments
- Those patients with a time dependent appointment
- Those patients cancelled previously

The thirteen week wait target for new patients and the two week target for urgent cancer referral, breast care and RACPC must not be breached; this may mean it is necessary to move the appointment to another site and time slot.

The patients will be contacted by the Booking Office team to arrange a new appointment.

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.

8.23 Patients who cancel an 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 unless their choice of a date for a rebooked appointment entails a delay which makes it unreasonable or impossible for an 18 week care pathway to be achieved.

The current definition of unreasonable delay in an outpatient context is 12 weeks or longer from the first date offered. In this instance, the patient will be discharged back to their referring clinician.

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 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.

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

If a patient wishes to cancel/change their appointment following a previous hospital cancellation at short notice within the same speciality, a further appointment will be offered to

the patient; however their RTT status will remain. If the next appointment cannot be accepted by the patient, then they will be returned to the care of their GP.

Patients who have been referred as urgent suspected cancer, Rapid Access Chest Pain or as an urgent Breast referral who do not wish to be seen in the outpatients department within the 14 days of referral may be discharged back to their GP only if this would shorten the waiting time.

Patients will be informed of the rules around cancelling appointments in the documentation confirming their appointment.

When patients cancel their appointments and do not wish to have another appointment, inform the patient to contact their GP with this information. The referral must then be discharged on PAS.

Patient cancels care activity for the second time: The CCG and Trust has agreed that when a patient cancels care activity for the second occasion on their pathway (e.g. patient cancels an outpatient appointment and then cancels a pre-op assessment appointment), then their clock will be stopped and they will be returned to the care of the GP. Should the patient wish to receive treatment, then they can be re-referred by their GP – a new clock would start on receipt of the re-referral at the Trust.

8.24 Patients who Do Not Attend (DNA)

Patients have a responsibility to attend their appointment. For any patients who DNA, a clinical decision is required as to whether or not to offer a further appointment.

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 of 16 years and under or vulnerable adults

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

- The patient has been made a reasonable offer – a reasonable offer is one made with at least 3 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 DNA'd two consecutive appointments.

Patient does not attend (DNAs) their first care activity following referral (*Failure to attend 1st care activity after referral*): When a patient fails to attend the first activity (appointment or diagnostic test) in their pathway, their patient pathway and RTT clock is nullified and they are no longer counted in the overall returns. They must still be treated within maximum national waiting time standards.

- There are processes in place to make it simple and easy for patients to cancel or reschedule their appointments or admissions or to notify last-minute problems (e.g. transport not arriving)
- It has been made clear to the patient through any verbal and all written communication about the appointment/admission that the patient may be returned to the care of the GP if he or she DNAs.

When rebooking patients who have not attended their appointment as per clinician instructions, the Outpatients team will call the patient to ensure they still wish to be seen before rebooking. If the patient DNAs after this rebooking, they will be discharged back to their GP.

Both patient and GP will be notified of this in writing by the relevant specialist secretary to ensure the referring GP is aware and can action further management of the patient if necessary. The patients RTT pathway will be closed.

Choose and Book patients who do not attend are automatically discharged and flagged electronically back onto the referring GP work list for any further action to be decided by the primary carer.

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

Patients who have been referred as urgent suspected cancer, rapid access chest pain or urgent breast referral and have DNA'd their appointment, should be offered another choice of appointment within 14 days.

Under the new cancer waiting times rules there are no pauses or suspensions allowed along the entire cancer pathway, with the exception of:

- If a patient DNA's their first outpatient appointment
- If a patient declines a reasonable offer of admission for their treatment
- In all other circumstances the clock cannot be stopped/paused. If a patient has DNA'd two or more appointments, then a clinical decision needs to be made as to whether the patient can be discharged back to their GP.

8.25 Paediatric Patients

For paediatric patients after the reason for a DNA has been established, this should be documented in the health records. A further appointment needs to be offered to the patient and the importance of attendance needs to be reiterated to the parent / carer. If the patient DNA's a further outpatient appointment, the patient needs to be discharged back to the care of the GP and to the referrer, with a letter sent to the GP/referrer and the parent/carer of the patient documenting that two appointments have been DNA'd.

Patients who DNA specialist clinics such as oncology, endocrine, fracture, haematology clinics need to be contacted by the specialist nurse and to ensure that they are not put at risk.

For further information relating to paediatric patients please refer to the; 'Guidelines for follow-up of children who fail to attend OPD appointments'.

8.26 Patients who cannot attend

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

Patients who do not wish to be seen in outpatients within 12 weeks of the first date offered should be discharged back to their GP as they cannot be suspended from the waiting list. The GP can then refer back to the Trust when the patient is available to be seen.

Patients who have been referred as urgent suspected cancer, Rapid Access Chest Pain or as an urgent Breast referral who do not wish to be seen in the outpatients department within the 14 days of referral may be discharged back to their GP only if it is likely to shorten the waiting time.

8.27 Cashing up of Clinics

All attendances within the Trust should have an attendance outcome, a clinic outcome and an RTT outcome. Where appropriate the outpatient procedure outcome must be recorded. Cashing up must be done on the day of the clinic at the end of each clinic appointment. The Operational/Service 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 via the Trust Access Meetings.

All attendances even for closed RTT pathways must have an outcome against it.

8.28 Follow up appointments

Follow up appointments will only be 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 will in most cases be fully booked as they leave the department.

Long term follow-up appointments will be agreed between Consultant and the patients GP around the clinical needs of the patient.

8.29 Recording Clinic Outcome

A clinic outcome sheet (RTT form) must be attached to the front of the notes of all clinic patients. It is the clinician's responsibility to complete the form by ticking the box with the correct clinical outcome on the form. It is the clinic receptionist's responsibility to update the CRS Millennium accurately with the appointment outcome as the patient leaves the clinic. Please refer to cashing up of clinics.

Capturing Patient Outcomes

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 CRS Millennium 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.

In some circumstances clinic outcome forms are used to obtain clinical information about the patient's treatment status. This information is then inputted on to the CRS Millennium system. These forms must be completed for all patients in any setting.

- Clinic
- Ward
- Diagnostics

They need to be accurately filled in with all necessary information. If not completed this may delay patient treatment. The lack of completion of the current form means that many staff spend many hours working out where a patient is on their pathway

A code exists for each type of activity and this code must be recorded in CRS Millennium 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 CRS Millennium.

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

Patients receive confirmation of appointment time and date, and will be 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 (if blank), GP, NHS and telephone Numbers
- 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.

8.31 Active Monitoring

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.

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 arrangement

8.32 Clinic Templates

Clinic templates define the number of each type of patient that can be seen in a clinic based on grade of clinician in the clinic. Clinic templates will be agreed between the Consultant, Clinical Lead and the relevant Operational/Service Manager.

Clinic templates will be reviewed on a monthly basis by the appropriate Operational/Service Manager and the Consultant to ensure that there is adequate capacity available to deliver the required volumes of patients' to meet the Trust's business plan. This monthly review will need to reflect the demand fluctuations for the service and plan revision accordingly.

Associate Director of Operations/General Manager/Clinical Director will review Consultant clinic templates as part of the annual job planning process, all changes to templates will need to be signed off in partnership and sent to the Central Booking Office.

Staff must abide by the parameters of the clinic structure (template) available; unless vacancies occur thereby swapping new and follow-up slots accordingly to ensure full capacity is maintained. This must only be done in conjunction with the outpatient booking team.

Cancellation of clinic sessions/part sessions

All clinics should be monitored closely. An analysis of clinic cancellations including those with less than 6 weeks notice are circulated on a monthly basis

9. Elective Patient Access to Diagnostic Tests/Procedures

9.1 Definition of Waiting Time

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

9.2 Delivering the 6 week diagnostic principles

All patients referred to the Trust for a diagnostic test/procedure should have this carried out within 6 weeks from when the request was made.

The maximum wait for a diagnostic test/procedure is 6 weeks.

The Trust is required to continue to adhere to the tolerance set by the Department of Health in relation to 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.

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.

For guidance re clock start/stop refer to:

<http://www.england.nhs.uk/statistics/rtt-waiting-times/rtt-guidance/??????>

9.3 Referral Processes

All patients will be managed according to their clinical urgency, and within the operating standard of 6 weeks. All GP or direct access referrals are made via the Sunquest Ice system. All internal Trust referrals are ordered via CRS Millennium.

9.4 Offer of Appointment

For diagnostic appointments, the Trust will offer the patient two appointment dates, with at least 3 weeks' notice. If a patient is unavailable for 6 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 date is reasonable if the clinic is carried out on any of the Trust's sites or facilities of the CCG.

Occasionally, an offer of a diagnostic 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 and/or patient cancellation still apply, provided that this has been made explicit to them.

As per the trust 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.

9.5 Appointment Cancellations

Hospital Cancellations

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 Patient Transactions who will notify the relevant Associate Director of Operations to take action.

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

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.

Patients who cancel an appointment

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 3 week's 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" 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 6 weeks or longer from the first date offered. In this instance, the patient will be discharged back to their referring clinician/GP.

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 6 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, their referring clinician/GP will be informed. The diagnostic referral must then be discharged on CRS Millennium and the pathway closed.

9.6 Patients who Do Not Attend (DNA)

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 need to apply:

- The patient has been made a reasonable offer – a reasonable offer is one made with at least 3 weeks' notice or one that the patient has accepted.

When rebooking patients who have not attended their diagnostic appointment, the diagnostic booking team will call the patient to ensure they still wish to be seen before rebooking. If the patient DNAs after this rebooking, they will be discharged back to their referring clinician/GP.

Both patient and referring clinician/GP will be notified of this in writing to ensure that the referring clinician/GP is aware and can action further management of the patient if necessary. The patient's diagnostic pathway will be closed.

Patients on suspected cancer Pathway

In the case of suspected cancer referrals the patient should not be discharged unless they have DNA'd two consecutive appointments.

9.7 Diagnostic Appointments

On arrival at clinic:

- All patient details must to be checked and amended as necessary on the Trust CRS Millenium system. This will include patient address, contact telephone numbers, GP and ethnic category.
- 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.
- 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.

9.8 Cashing up of Clinics

All attendances within the Trust should have an attendance outcome. Where appropriate the procedure outcome must be recorded. Cashing up must be done on the day of the clinic at the end of each clinic appointment. The Operational/Service 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 via the Trust Access Meetings.

10. Adult Elective Patient Access Inpatient/Day Case Scheduling Procedure

10.1 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 patient's 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 which should only be carried out with prior agreement 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 done 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 3 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 in the paused field on CRS Millennium and the pathway length will be adjusted accordingly (maximum paused period without being discharged back to referrer is 12 weeks from the date offered).

All patients (excluding ASA 4 or greater) requiring surgery for one of the procedures listed in the BADS 'Basket of Procedures' & 'Trolley Procedures' will be 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 CRS Millennium, 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
- Full treatment text and an accurate procedure code is noted
- Any communication with the patient should be recorded on CRS Millennium in the free text section of the system.

10.2 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.

10.3 Waiting List Entry

A waiting list entry will be completed in full for all patients added to the waiting list. It is the responsibility of the scheduling team to add the patient to the waiting list irrespective of where the surgery takes place. All waiting list entries must be put onto CRS Millennium within 48 hours of receipt of entry being made.

10.4 Information to patients

All patients will be given a waiting list 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.

10.5 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 shorter waiting day case 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.

10.6 Patient Choice

All referrals for a waiting list entry are 'Trust Referrals' and referrals are defaulted to be pooled to offer the first available appointment to the patient. The Trust will offer an appointment to the patient with a suitable clinician, at a suitable site within agreed timescales. Exception to this will be when a patient has chosen to see a named Consultant, in which case the Trust will need to accommodate their choice.

If a reasonable offer has been made to a patient for their operation and the patient declines, then the patient's waiting list entry would be amended accordingly and the RTT clock paused to reflect this choice.

A reasonable offer of a date for an outpatient appointment for a verbal offer is two dates with the earliest a minimum of 1 week(s) away and for a written offer is a date with a minimum of a 1 calendar week(s) away.

Reasonable notice for an elective therapeutic admission for a verbal offer is two dates with the earliest a minimum of three calendar weeks away and for a written offer is a date with a minimum of three calendar weeks away.

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

10.7 Patients who should not be added to a schedule

Patients who are not fit 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 that 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

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.

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 4 months 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 4 months 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 patient must be discharged from CRS Millennium and back to their referring clinician/GP. Discharge to the GP will stop the 18 week clock.

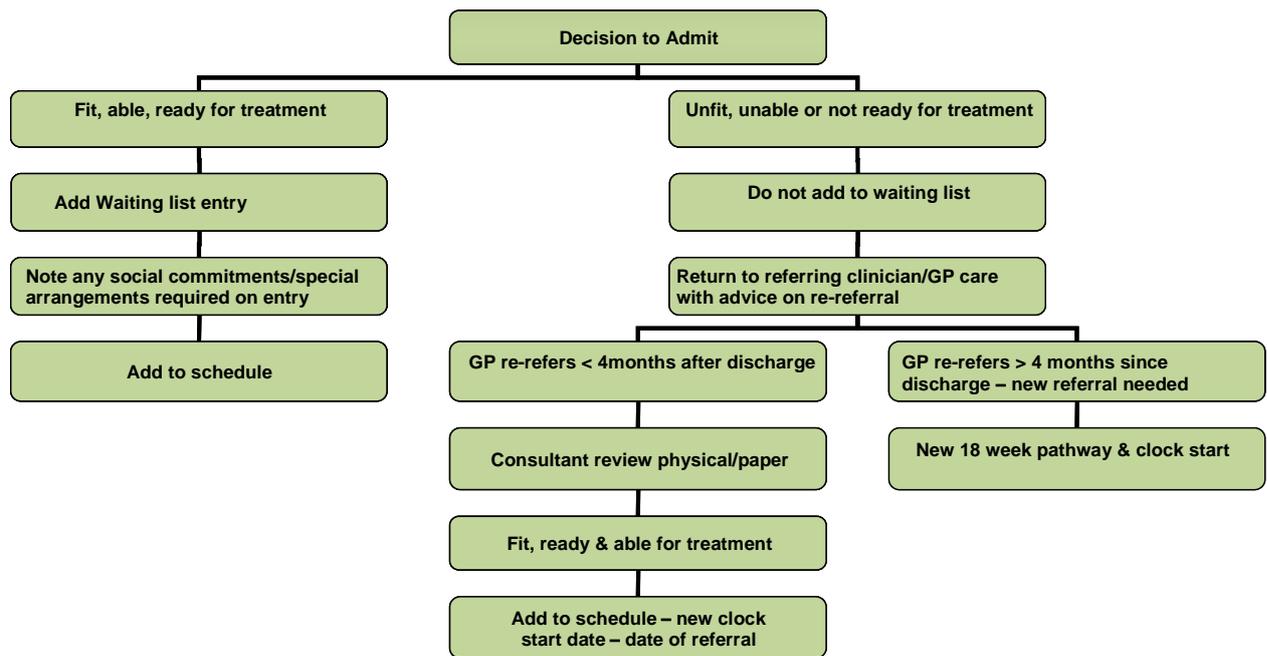
If the patient subsequently becomes ready for surgery less than 4 months after they were discharged back to the care of their GP they can be reinstated onto the schedule at the referring clinician/GP's request in writing to the consultant. The consultant will review the patient (paper review or physical) 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 4 months after they were discharged back to their referring clinician/GP, will need to be re-referred to the appropriate consultant.

Transitory conditions

If the reason is transitory (such as a cold) then they will be offered a further pre-screening date within three weeks. This will allow patients with minor acute clinical reasons for delay, such as a chest infection, 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 discharged and 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.

10.8 Adding a patient to a schedule (flow chart)



10.9 Paused Patients

Since the introduction of the 18 week target, suspensions on the elective waiting list have been replaced with clock pauses. The use of these will be vastly reduced compared to the previous waiting list suspensions.

The maximum amount of time a patient's waiting list entry can be paused is 12 weeks from the date offered. Thereafter the patient needs to be referred back to their referring clinician/GP and asked to refer the patient when they are ready for surgery.

Possible reasons for clock pauses are as follows:

- Patient on holiday and wishes to defer treatment
- Patient unavailable due to personal commitments

Once the decision to admit has been made, the patient's clock may only be paused to take account of the patient's choice to delay their admission. It is the Trust's policy to offer two admission dates with at least three weeks notice. In the circumstances where the patient is unable to accept these two dates, or who cancel an already agreed date, for patient choice reasons only (holiday or personal commitments) will have one further date offered. These patients should be 'paused' for the period between the original date and the new agreed date and should be clearly identified as a 'patient choice clock pause' so that adjustments to their clock can be made. In line with local Trust Policy, this time period must not exceed 12 weeks. Patients will be advised by admissions that if they cancel a second agreed offer date they will be removed from the waiting list and discharged back to their referring clinician/GP.

If the patient is unable to be treated within this longer period they will normally be referred back to their referring clinician/GP. The Trust will not pause patient's pathway for clinical reasons.

10.10 Pre-operative Assessment

It is the Trusts aim that every patient will be pre-assessed to determine the level of fitness for surgery two to six weeks prior to date of surgery/intervention.

Admission letters will state that patients must attend their pre-assessment appointment in order to move forwards with their operation.

At pre-operative assessment patients who are found not to be fit for the day care or short stay care criteria, will either have their admission dates cancelled or will be allocated to an appropriate inpatient ward.

If the patient is found to be unfit for surgery at the pre-assessment clinic, follow the steps in section 8. The RTT pathway must be updated accordingly. If optimisation is less than three weeks the patient can remain on the waiting list. If optimisation will take three weeks or longer, the patient should be referred back to the care of their referring clinician/GP. If optimisation needs monitoring by the multi-disciplinary team the RTT pathway should be updated as active monitoring by the consultant.

If a patient does not attend or cancels for their pre-operative assessment the principles as per DNA and cancellation apply as in section 19.

10.11 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 notes. All reasons for cancellation will be added to CRS Millennium 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 3 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 Associate Director of Operations for that speciality and/or the Associate Director of Nursing. 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 patient's surgery, it is the responsibility of the Senior Manager who authorised the cancellation to ensure that the cancellation information is shared with the admissions team. The admissions 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 admissions team to escalate to the appropriate Operations manager of the service.
- 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 Operational/Service Manager. Requests with less than six weeks' notice must then be agreed by the Chief Operating Officer (Acute) and the Associate Director of Operations/General Manager for that area. Such requests will only be agreed in exceptional circumstances.
 - The Associate Director of Operations/Divisional Lead Nurse 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 Associate Director of Operations/Divisional Lead Nurse 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 will be notified by telephone and a new date given as soon as possible. All other cancellations will be notified by letter.
- **Cancellation by the patient;** Patients who cancel their own elective admission date for reasons other than sickness/ or extreme personal circumstances at less than 48 hours notice, after receiving reasonable notice of this date (at least three weeks) will be removed from the waiting list and discharged back to their GP for any further action in primary care or re-referral when ready, willing and able to proceed.
- 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 with a pause between the original TCI date and the new TCI date.

- Patients who cancel twice will be removed from the waiting list and referred back to their referring clinician/GP.
- 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.
- Patients on cancer pathways should not be discharged for cancelling admission dates. Due to the urgent nature of the treatment the patient should be rebooked within the designated 31 day breach date unless the patient chooses to be seen later.

10.12 28 Day readmission of hospital - On the day of surgery cancellations

The Trust objective is to have a zero 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 booked admissions office within two working days, in order to be given a new admission date.

10.13 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 4 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 4 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.

10.14 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 outside the scope of 18 weeks RTT, however will be subject to the same monitoring and validation process.

The Operational/Service 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.

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

10.15 Patients who do not attend (DNA's)

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.

As per the national Going Further On Cancer Waits guidance patients with a confirmed cancer diagnosis or who are on suspected cancer pathway can be offered short notice treatment and still be considered to have had a reasonable offer.

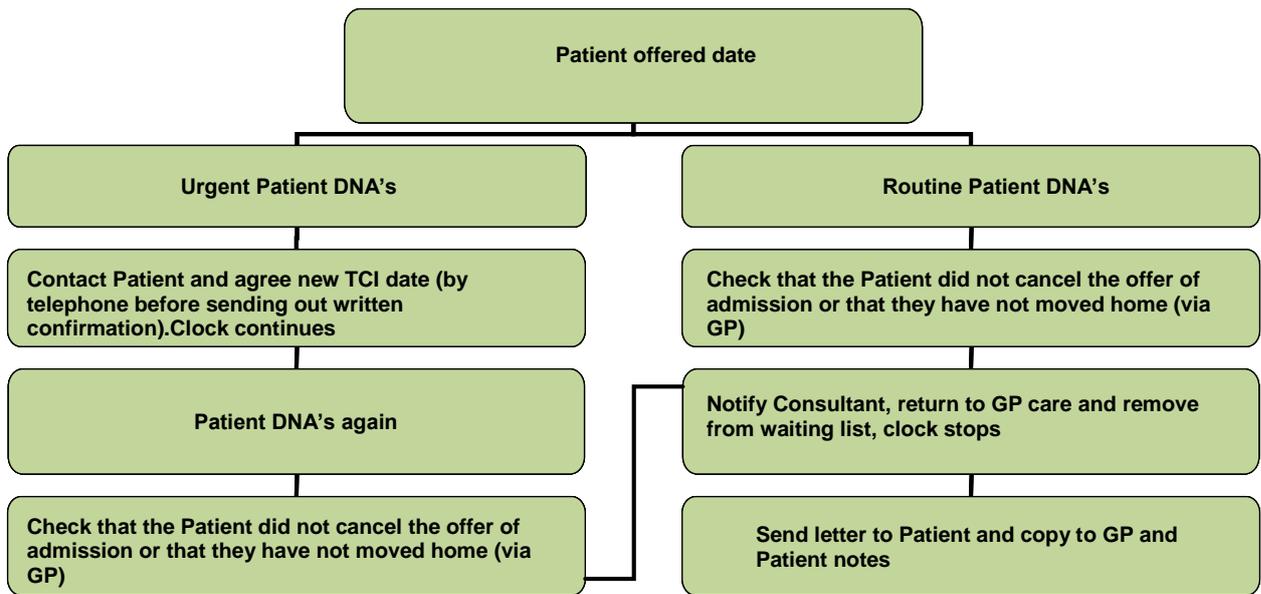
Patient on cancer pathways should not be discharged for failing to attend admission dates. Due to the urgent nature of the treatment the patient should be rebooked within the designated 31 or 62 day breach date as appropriate unless the patient chooses to be seen later.

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

The 18 week clock 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.

10.16 DNA Flow chart



10.17 Booking patients for inpatient or day case procedures

Patients having day case or inpatient procedures will be added to the waiting list using the Powerchart module of CRS Millennium, within two working days of a decision to admit. The Booked Admissions 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 and that the waiting list accounts are linked to clinic outcomes.

Clinic outcomes should be checked to ensure that all relevant patients have been added to the waiting list. Information must be provided to the operational managers in a format which will ensure they can be responsible for ensuring RTT data for the patients in their services is correct.

10.18 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
- Request to check bed is available on day of admission
- Reasons for checking bed availability
- Specific information about the planned treatment
- General information about the patient's stay in hospital.

10.19 Inpatient and Day case Patient Tracking List

To assist administrative staff involved in the process of booking patients the Trust will produce an 18 week PTL (Patient Tracking List). 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.

10.20 Transfers between providers (Inter Provider Transfers Minimum Datasets)

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 minimum data set (MDS) must accompany the referral.

The principle 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.

When a patient is transferred for treatment or diagnostic investigation in the middle of a pathway, the clock will continue and it will be the joint responsibility of involved providers to ensure that the patient is managed within 18 weeks. There will also be occasions when a patient is transferred for management after the original clock has stopped. This information will also need to be shared with the onward provider, hence an MDS form will still be required and the patient's pathway will need to be recorded as appropriate.

The referring Trust is obligated to ensure that the patient is transferred in a locally agreed timescale, so as to make achievement of 18 weeks reasonable and possible. All referrals received from other organisations must be accompanied by an MDS form. If this is missing the Patient Pathway team will request this from the referring Trust.

Hospital-initiated or CCG-initiated transfers to alternative providers after referral to the Trust must always involve the consent of the patient, their GP, and the Consultant must be informed of the transfer of any of their patients. This is a transfer of clinical responsibility and acceptance.

10.21 Monitoring the schedule

Appropriate information on the waiting list and expected waits will be published by the Information Team using RTT data based information on individual patient accounts/episodes.

This will be distributed routinely to Service Managers, Divisional Managers and other staff as appropriate. Summary speciality and clinician waiting times information will be presented to the Trust Executive and Board and Commissioner regularly. Information on waiting times is routinely shared with the Commissioner with an expectation that patients should be advised on the wait time at the point of referral.

The mechanisms for monitoring all waiting times/data quality will be:

- Weekly Access meetings
- Weekly PTL report
- Monthly Directorate Performance Monitoring Reports
- Trust Board Reports

The main operational mechanism for monitoring progress and adherence to the Access Policy will be the weekly Access/PTL meeting, chaired by the General Manager for Critical Care & Surgery or a nominated deputy representative.

10.22 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 Data Protection Act, the Trust will validate the waiting list on a regular basis.

Responsibilities of Waiting list holders:

- To maintain an up to date and accurate waiting list
- To enter patients onto Waiting lists, or update a provisional waiting list entry to full entry, within 48 hours of Decision to Admit being made and to inform the patient that they are on a waiting list.
- To ensure when a decision to admit is made in a clinic, the clinic attendance date = Original Date on list.
- To enter all patient contact details within Additional Information on the Waiting list entry screen (to maintain a full audit trail)
- To ensure patients are given adequate notice and choice relating to Admission dates
- To ensure social pauses are entered according to policy
- To enter full free text reasons for social pauses and cancellations onto CRS Millennium
- To regularly validate waiting lists to ensure lists are complete and correct at all times.

- To ensure CRS Millennium is updated correctly and timely with any Patient Choice decisions
- To ensure the patient's appropriate waiting time status is accurately & timely recorded on CRS Millennium

11. Version History Table

Version	Date	Author	Ratified by	Comment/Reason for change
1	May 2014	Karina Malhotra, Maria Physicos, Amie Finch,	Risk Assurance and Policy Group	New
2	November	Karina Malhotra, Maria Physicos, Amie Finch,	Risk Assurance and Policy Group	Amendments to following sections: Section 1 Section 7 Section 8.14,8.19, 8.24 Section 9.4,9.6 Section 10.11, 10.15 Section 12

12. References and Resources

Websites

18 week rules and archives can be located on the Department of Health website
www.dh.gov.uk

Choose and Book; www.chooseandbook.nhs.uk

Cancer Waiting Times guidance:

http://www.ncin.org.uk/collecting_and_using_data/data_collection/gfocw

<http://www.connectingforhealth.nhs.uk/nhais/cancerwaiting/cwtguide8.pdf>

13. Related Policies and Procedures

Discharge Planning Policy; Information Management Policy; Processing and Release of Personal Identifiable Data Policy; Data Quality Policy; Why Reputation Matters – A Framework for Action; Chaperone Policy; Safeguarding Children.

14. Equality Impact Assessment

The Equality Impact Assessment for this policy is attached in Appendix A.

15. Definitions and Abbreviations

Active Waiting List: Patients awaiting elective admission and are currently available i.e. fit, able and ready to be called for admission

Adjustment: The length of a patient pathway may be adjusted for admitted patients only, the patient may choose to defer the admission date that they have been originally offered within a specified time frame.

Admitted Pathway: A pathway that ends in a clock stop for admission (day case or inpatient)

Fully Booked Patients: Patients who have the opportunity to agree a date at the time of, or within one working day of the referral or decision to treat.

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 of 18 weeks from referral to first treatment, excludes cancer, breast referrals and rapid chest pain as these have shorter targets.

CaB: Choose and Book electronic referral system. 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.

CCG: Clinical Commissioning Group

Children and Young People: The policy defines children and young people in accordance with the Children's Act (2004). All children aged 16 or under in full time education 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 as vulnerable patients.

Choice: Patients listed for elective surgery may be offered the choice of a different provider.

Clock Start/Stop: Refers to number of days/weeks in a patient pathway, which is usually a maximum of 18 weeks. Refer to <http://www.england.nhs.uk/statistics/rtt-waiting-times/rtt-guidance/> for full details of pathway measurement. A patient may have more than one clock running at the same time either in the same or different specialities.

Consultant-Led 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 consultants' 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. This also includes clinics run by GP's acting as consultants.

Day Case: Patient who requires admission for treatment but who is not expected to stay overnight.

DBS: Directly Bookable Services is part of choose and book – GP's & patients are able to use Directly Bookable Services to make appointments in the hospital clinics from their surgery or from home.

DNA: Did Not Attend. Patients who have agreed their admission date (inpatients/day case) or appointment date (outpatients) and who without notifying the hospital did not attend for admission / outpatient appointment.

DoH: Department of Health

DTA: Decision to Admit – the point at which the clinician and agree the treatment as a day case or inpatient as required.

DSCN: Data set change notices issued by the DoH to ensure compliance with national policy

Fast track: Special arrangements that are made for a patient who has been unable to continue on a pathway as they are medically unfit or unavailable for care. Fast tracking the patient back into the service starts a new clock but it not expected that a patient would have to wait a maximum of 18 weeks for their first definitive treatment.

First Attendance: The first in a series of attendances (from any source including A&E), with subsequent attendances in the Consultant Outpatient 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.

GDP: General Dental Practitioner

Generic Referral: A referral to a speciality rather than a named clinician, usually addressed to Dear Doctor or Dear Colleague

GP: General Practitioner

GUM: Genito-Urinary Medicine: The core of GUM relates to sexually transmitted infections. A large part of the work in many areas is now involved in the clinical management of patients with HIV infection at all stages of the disease, possibly including inpatient management.

IBS: Indirectly Bookable Services- is part of the Choose and Book System

Inpatient: Patient who requires admission to the hospital for treatment and who will stay at least one night.

Inter-Provider Transfer: 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.

ISTC: Independent Sector Treatment Centre

LPC: Low Priorities Committee – the CCG have agreed a range of procedures that are considered outside of the services routinely commissioned by the CCG. Borderline referrals for these conditions may be reviewed on a case-by-case basis by the LPC.

MDS: Minimum Data Set: specific information about a patient that must be completed and sent with the letter of referral when transferring a patient's care between providers.

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 those 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).

Non-Admitted Pathway: A pathway that results in a clock stop for treatment that does not require an admission or for 'non-treatment'.

Outpatient: Patient referred by a general practitioner, general dental practitioner, consultant, optometrist and/or other medical professional for clinical advice or treatment which does not require admission to the hospital.

PACS: Picture Archiving and Communication System (for computer distribution of x-rays)

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.

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.

Primary Care: Services commissioned by the CG provided in the community, usually by a GP, GPSI or other specialists.

Patient Tracking List (PTL): Formerly known as 'Primary Targeting List'- A model for a collection of prospective waiting times. The report details patients requiring treatment and the starting point of their pathway. The information team is responsible for updating this list. All operational staff will refer to the list to ensure that patient's are treated within a maximum waiting time of 18 weeks to their first definitive treatment.

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 patient's health before they are admitted to hospital to ensure that they are fit to undergo the procedure.

RACPC: Rapid Access Chest Pain Clinic - 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 an offer to be reasonable two dates with at least 3 weeks

notice must be given to a patient undergoing surgery. For outpatients good practice guidance suggests notice of at least 10 days.

Exceptions to this are those patients that are referred into the RACPC, Breast Referrals and the suspected cancer referral pathway.

Referral Request Received: 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 CaB the waiting time commences upon conversion of the UBRN.

RTT: Referral to Treatment-the measurement of the length of an 18 week pathway.

Secondary Care: Services provided in a hospital setting

Self-Deferral: Patient who notifies the hospital that they no longer wish to come in or attend for an appointment

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.

SHA: Strategic Health Authority

Schedules: Waiting List- Patients awaiting elective admission, diagnostic or outpatient appointment and who are currently fit and available to be called for admission or appointment.

TAL: The Appointment Line is a national appointments line designed for choose and book. It is managed by NHS Direct for Directly Bookable appointments.

TCI: To come in-planned agreed patient appointment date and time.

Tertiary Centre: A third party organisation that usually supplies specialist services to a regional area.

Tolerance: The percentage agreed by the Department of Health which Trusts may use to account for patients who have not been able to be treated within 18 weeks, usually because of a medical reason (5% for non admitted patients and 10% allowed for patients on an admitted pathway)

UBRN: Unique Booking Reference Number. A number given to a patient to progress to a choose and book 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.

Vulnerable Adult: someone who is aged 18yrs 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 'is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

APPENDIX A – EQUALITY IMPACT ASSESSMENT

Policy: Elective Patient Access Policy	Date: May 2014
Officer conducting this Analysis : Maria Physicos	

Protected Characteristic	Positive Impact	Negative Impact	None	Reasons for decision
Age			<input checked="" type="checkbox"/>	This policy does not affect one group less or more favourably than another
Disability			<input checked="" type="checkbox"/>	
Faith			<input checked="" type="checkbox"/>	
Gender			<input checked="" type="checkbox"/>	
Race			<input checked="" type="checkbox"/>	
Sexual Orientation			<input checked="" type="checkbox"/>	

APPENDIX B – CONSULTATION TEMPLATE

1.	Procedural Document's Name:	Croydon Health Services Access Policy
2.	Procedural Document Author:	Karina Malhotra/Maria Physicos/Amie Finch
3.	Group/Committee Consulted	Date
4	Name and Title of Key Individuals Consulted	Date
	Nigel Coomber, Director for Elective Access at IMAS IST	
	David Boothey, IMAS IST Manager	
5	Comments received	