The Dudley Group NHS
NHS Foundation Trust

PATIENT ACCESS REFERRAL TO TREATMENT (RTT) POLICY		
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CHANGE HISTORY

Version	Date	Reason
1.0	March 2009	RTT Policy
2.0	October 2013	Updated Document
3.0	June 2015	Updated Document

A translation service is available for this document. The Interpretation/Translation Policy, Guidance for Staff is located on the intranet under Trust-wide Policies.

Contents		
Section		**Page Number**
1	Introduction	4
2	Statement of Intent	4
2.1	Exceptions	4
2.2	Outpatient Standards	5
3	Definitions	6
4	Duties (Responsibilities)	8
4.1	Clinical Commissioning Group or National Board for Specialised Services	9
4.2	General Practitioners & General Dental Practitioners	10
4.3	The Trust	11
4.4	Specific Responsibilities	11
4.5	Patients	13
4.6	Armed Forces Covenant	13
4.7	Private Patients	14
4.8	Overseas Visitors	14
5	Referral Management Processes	14
5.1	Directory of Services	14
5.2	Referrals	14
5.3	Cancer Referrals	14
5.4	Outpatient Appointments	15
5.4.1	Demographics	16
5.4.2	Hospital reschedules – outpatient appointments	16
5.5	Did not Attends (DNA's) Adults	16
5.5.1	New and Follow Up appointments	16
5.6	Did not Attends (DNA's) Paediatrics	16
5.6.1	New and follow up appointments	16
5.6.2	No response to partial booking follow up appointment invitation	17
5.6.3	Safeguarding children	17
5.7	Patient Contact/Outcome Forms	17
5.8	Outpatient Clinic Template Changes	17

5.9	Inter Provider referrals	18
5.10	Removals from the Outpatient Waiting list	18
5.11	Patients Returning to the Trust Post Treatment	18
5.12	Imaging and Diagnostics	18
5.12.1	General principles	18
5.12.2	Booking appointments	18
5.12.3	Reschedules (could not attend, reschedules) Patient initiated	19
5.12.4	Did not attends (DNAs)	19
5.12.5	Active monitoring	19
5.13	Elective admissions	19
5.13.1	General principles	19
5.13.2	Adding patients to waiting lists	19
5.13.3	Pre assessment	20
5.13.4	Elective planned waiting lists	20
5.13.5	Hospital cancellation	20
5.13.6	Patient cancellation	20
5.13.7	Patient did not attend	20
5.13.8	Patient unfit for treatment	20
5.13.9	Interface between NHS & private patients	21
6	Training and Support	21
6.1	Training	21
6.2	Quality Assurance	21
7	Process for Monitoring Compliance	21
8	Equality Impact Assessment	21
9	References	21
Appendix 1	Compliance Monitoring Table	24

THE DUDLEY GROUP NHS FOUNDATION TRUST

PATIENT ACCESS REFERRAL TO TREATMENT POLICY

1. INTRODUCTION

The length of time a patient waits for hospital treatment is an important quality issue and is a visible and public indicator of the efficiency of the services provided by the National Health Service (NHS).

The NHS Constitution sets out patients' rights to access services within maximum waiting times and is reiterated in the NHS Operating Framework. This policy describes the way in which this Trust and associated organisations will meet these obligations.
This policy is intended to ensure that all patients are referred and treated in line with national targets.

This policy will focus on the operational standards detailed in section 2, and places responsibilities on all sectors of the local health community (LHC) and is therefore, shared between the Clinical Commissioning Group (CCG/NHS England) (or National Commissioning Board (NHS England) for specialised services), General Practitioners (GPs) and provider Trusts.

All parties accept that patient care in the NHS should be provided in a timely and equitable manner and that they each have responsibilities in order to ensure this. In addition to this policy, each party will have detailed operational procedures describing how this policy will be implemented. This policy and any related procedures will be regularly reviewed to ensure that they deliver a timely, accessible and patient-centred service.

2. STATEMENT OF INTENT/PURPOSE

This policy aims to provide a practical and easy to follow 'guide' for those charged with managing the day-to-day administration and clinical management of outpatient clinics and waiting lists. Although the document cannot predict every eventuality decisions made outside the policy will need to be justified and documented in the patient's notes.

The key national targets relating to patient access are:

- The Referral to Treatment (RTT) Consultant-led Waiting Times (18 weeks) (including Allied Health Profession pathways where applicable)
- Cancer waiting time standards (2 weeks)
- National Service Framework targets (covers the treatment of a number of long-term conditions and stroke care)

2.1. Exceptions

It is noted that not all patients can or should be treated within 18 weeks, they are:

- Clinical Reason/Complexity - Patients for whom it is not clinically appropriate to be treated within 18 weeks
- Patient Choice - Patients who choose to wait longer for one or more elements of their care

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

Patients will be treated equitably and according to their clinical need. Patients of the same or comparable clinical priority will be treated in chronological order.
Patients will only be added to a waiting list if there is a real expectation that they are willing to make themselves available for treatment within the 18 weeks standards. This should also take into account clinical need.

All additions to or removals from waiting lists must be made in accordance with this policy and will take into account clinical need.

The Trust's Patient Administration System (PAS), Community Information PAS, AuditBase (Audiology System) and the Information Department's Data Warehouse must be used to administer all waiting lists. All information relating to patient activity must be recorded accurately and in a timely manner.

2.2. Outpatient Standards

These standards outline the level of service that is to be expected across the Trust to ensure the quality and consistency of service delivery meets the expectation of our patients and organisation.

- Patients offered choice of appointment date and time via E-Referral and Partial Booking systems unless specific booking rules agreed by Patient Access Manager and Directorate Manager
- Referrals entered onto the PAS system on day of receipt
- Referrals triaged within four days of receipt
- Appointment slots booked by the Outpatient Booking Team unless specific booking rules agreed by Patient Administration Manager and Divisional Manager
- Appointment letters conform to Trust template dispatched by Outpatient Booking Team unless specific booking rules agreed by Patient Administration Manager and Divisional Manager
- Patients receive one appointment letter reflecting agreed appointment date and time
- Appointments not cancelled with less than 6 weeks' notice without clinician triage and Divisional Manager authorisation. Where services must cancel appointments at short notice, patients informed as to why by specialty team
- Patients not rescheduled more than once
- Clinic templates and booking rules reflect clinic demand supporting 18 week Referral To Treatment and clinical pathways
- Patients are seen within 30 minutes of their appointment time
- 100% fully completed outcome forms cashed up within one working day
- Correspondence of clinic consultations received by patients GP within 10 working days
- Health Records handlers adhere to Trust Policy for the Creation & Management of Patients Health Records.

3. DEFINITIONS

The following definitions are intended to provide clear and unambiguous descriptions of terms used in relation to the RTT pathway. The definitions are listed below in alphabetical order.

Active monitoring:
An RTT clock may be stopped where it is clinically appropriate to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures at that stage. E.g. Patients required to lose weight, give up smoking, patient not sure about procedure offer, monitoring of patient's health prior to procedure taking place.

Ad-hoc appointment:
Where a patient is seen on the ward as a ward attendee or when a patient is admitted under a specialty and is reviewed by another specialty for a separate condition. (Where a patient is seen for an emergency condition, RTT regulations do not apply.) An ad-hoc /walk in should only be used for urgent non-routine, unplanned care and should not be linked to the patient's existing pathway. These types of appointments should be used infrequently and only used in urgent circumstances. Adhocs/walk in should not be used due to lack of capacity within outpatient clinics. Adhocs/walk in's should not be booked in advance activity, only last minute unplanned urgent activity.

Admission:
A patient is admitted for a day case or inpatient procedure.

Allied Health Professional (AHP):
AHPs delivering NHS funded care (either fully or partially funded) in an autonomous or multidisciplinary service making clinically sound decisions about how to apply these rules in a way that is equal and consistent with how patients experience or perceive their wait from referral to treatment.

Bilateral (procedure):
A procedure that is performed on both sides of the body, at matching anatomical sites for example removal of cataracts from both eyes.

.Clinical decision:
A decision taken by a clinician or other qualified healthcare professional, in consultation with the patient, and with reference to local access policies, aesthetic policy and commissioning arrangements.

Clinical Service Lead (CSL):
A designated clinician with leadership and quality assurance responsibilities related to a service or group of services.

Consultant-led:
A consultant retains overall clinical responsibility for the service, team or treatment. The consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care.

Decision to admit:
Where a clinical decision is taken to admit the patient for either a day case or inpatient procedure. The patient will be entered on to the waiting list. When a date is available for the patient to have their procedure(s) the patient is then listed as a planned admission or a TCI (to come in date, see TCI definition).

Decision to treat:
Where a clinical decision is taken to treat the patient. This could be treatment as an inpatient or day case, but also includes treatments performed in other settings e.g. as an outpatient

Did Not Attend (DNA):
The definition of a DNA is that the patient arrived too late (more than 15 minutes after appointment time) and could not be seen, or the patient did not attend and no advance warning was given.

Earliest reasonable offer date (EROD):
The earliest date at which a patient could be admitted (regardless of whether they accept or not) and which gives the patient at least 3 weeks' notice. The RTT time may be adjusted to exclude the duration of the time between the EROD and the date from which the patient makes themselves available again for admission, so long as the patient has declined 2 reasonable offer dates.

E-Referral:
Previously called Choose and Book, NHS E-Referral is a national electronic referral service, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic

First Definitive treatment:
An intervention intended to manage a patient's disease, condition or injury and avoid further intervention. This is a matter for clinical judgment in consultation with others as appropriate, including the patient. For example, inpatient or day-case treatment or a diagnostic that results in treatment, both stop the clock.

Fit (and ready):
A new RTT clock should start once the patient is fit and ready for a subsequent bilateral procedure. In this context, it means that the clock should start from the date that it is clinically appropriate for the patient to undergo that procedure, and from when the patient states they are available.

OBT: Outpatient Booking Team

Pause clock:
The act of pausing a patient's RTT clock; Clocks may only be paused for non-clinical reasons and only where a patient chooses to wait longer for admission than two reasonable offers made by the provider. This is only applicable to admitted pathways.

Reasonable offer:
A 'reasonable offer' is a date three or more weeks from the time that the offer

was communicated to the patient.

Referral to treatment period (RTT):
The duration of a patient's care following initial referral, which initiates a clock start, leading up to the start of first definitive treatment or other RTT clock stop point.

Substantively new or different treatment:
Upon completion of an RTT period, a new 18-week clock starts when the decision to start a substantively new or different treatment is made. For example, treatment of a more aggressive or intensive nature, which does not already form part of that patient's agreed care plan.

To Come In Date (TCI):
Also referred to as a planned admission, the date a patient is given to come into hospital for their procedure.

Unique Booking Reference Number (UBRN):
The E-Referral Unique Booking Reference Number allocated to a patient on booking of an appointment.

4. DUTIES (RESPONSIBILITIES)

Everyone involved in patient access should have a clear understanding of his or her roles and responsibilities. This policy defines those roles and responsibilities and establishes a number of good practice guidelines to assist staff with the effective management of patients requiring outpatient, diagnostics and inpatient and/or day case treatment. This policy will be applied consistently and without exception across the Trust.
This policy will be available to NHS staff and the general public via the Intranet and Internet. All appropriate DGFT staff will be kept informed of any updates.

4.1. Clinical Commissioning Group or National Commissioning Board for Specialised Services

The achievement of the Consultant-led Waiting Times target is supported by the commissioning processes, which are led by the CCG/NHS England. The development of patient care pathways and the capacity levels required to deliver them is vital to the attainment of the RTT targets. The CCG/NHS England is responsible for ensuring it commissions (directly or through its support of member practices) activity levels that will support the provider's achievement of the required waiting times.

The CCG/NHS England has responsibilities in communicating to its patient population, the importance of their role in the achievement of the targets.

The CCG/NHS England will support General Practitioners (GP) and General Dental Practitioners (GDP) in the development of pathways and procedures that allow them to refer appropriately to other providers.

The CCG/NHS England will support the ongoing development and use of the Choose & Book system for making appointments with providers. The CCG/NHS England will work with providers to ensure that the E-Referral

system becomes the principal method by which appointments are made.

4.2. General Practitioners & General Dental Practitioners

The responsibilities of GPs and GDPs are both clinical and administrative. They must ensure that all relevant clinical information is provided in the referral to secondary care. They are responsible for ensuring patients demographic details are correct to support the communication process throughout the pathway. They also have a role in emphasizing to the patient, the importance of making and attending appointments.

They are responsible for the clinical decisions prior to referral. They are therefore, required to work with other parties in the local health economy to support pathways that will assist in the achievement of the RTT target. They are responsible for adherence to any care pathways that are agreed by Dudley CCG.

Referrers have a duty to inform secondary care if the patient is a temporary resident or is not eligible for NHS funded care either due to being an Overseas Visitor or Cross Border. These patients should be made known to the Trust. The referrer has a duty to inform the patient if they are unclear if they are eligible for NHS care and that charges may be incurred. The patient should also be reminded to bring their personal documents with them to any appointments in case of interview.

Referrers will not refer patients for possible elective surgical procedures if they know them to be unfit for surgery, or who are not available for surgery, because of personal commitments.

Referrers will not refer patients whose conditions are covered by the Aesthetic procedures guideline & commissioning policy or Procedures of limited clinical priority guideline & commissioning policy where the patient's condition does not satisfy the criteria set out in the policies. GPs wishing to seek a specialist opinion for patients who meet this policy criterion should ensure that when making a referral to secondary care, the basic clinical information is included in the referral letter that assures the patient has been assessed in line with that policy.

Regardless of the mode of referral, it is the responsibility of the referrer to ensure that the referral information contains, as a minimum, the following:

- Full accurate demographic information regarding the patient, including name, address, NHS number, daytime and evening contact telephone numbers
- Language requirements, disabilities and carer information
- Clinical urgency, the nature of the referral and what is required from the secondary care clinician
- Appropriate history including any diagnostic and other relevant results
- Details of previous treatments, length of time on each treatment and the type of clinic the patient is required to be seen in
- Procedures covered by Aesthetic procedures guideline & commissioning policy or Procedures of limited clinical priority guideline & commissioning policy – referrer must stipulate how the patient's condition meets the criteria set out in the relevant policy

4.3. The Trust

All staff within the Trust will operate this policy on the basis that wherever possible, no patient should have their appointment or admission cancelled and will ensure that it has clear procedures for dealing with circumstances where cancellation by the Trust occurs as outlined in the NHS Constitution.

The Trust will work with Clinical Commissioning Groups to ensure patients are seen and treated by the hospital within the relevant targets.

The Trust will manage its waiting lists in a manner transparent to the public and communications with patients will be timely, informative, clear and concise.

The Trust will adhere to CCG policies and only treat patients if the patient's condition satisfies the criteria outlined in the respective policies.

The Trust will maintain accurate and up to date electronic records of all patients on the Patient Administration System (PAS), Community Information Patient Administration System (IPM/NCRS*) and AuditBase (Audiology System). Data held should be timely, accurate, and complete and be subject to regular audit and validation.

The Trust will ensure that its appointment systems and processes are robust and easy for patients to understand. The Trust will make every effort to ensure that patients can make changes to or cancel appointments in a direct and straightforward way, thus supporting the patients in their responsibilities.

4.4. Specific Responsibilities

Clinical Service Leads (CSL) has the responsibility for clinically agreed definitions of the services within E-Referral Directory of Services (DoS) and to ensure that clinicians provide at least 6 weeks' notice of planned leave.

Patient Administration Manager is responsible for ensuring that the Hub and E-Referral system accurately reflects the services the Trust provides. They are also responsible for ensuring that clinic booking; rescheduling and cancellation processes are robust, consistent and embedded across the Trust. They are responsible for training clinical staff on the use of the E-Referral system.

Medical and Dental Staff are responsible for triaging all referrals in a timely manner ensuring only appropriate referrals are accepted, recording the correct clinical outcome following an attendance and communicating with patients and GPs about treatment received and action taken within 10 working days.

Nursing and Midwifery Staff (who are responsible for clinical decisions e.g. CNS) are responsible for ensuring only appropriate referrals are accepted, recording the correct clinical outcome following an appointment and communicating with patients and GPs about treatment received and action taken.

The Outpatient Booking Team (OBT) is responsible for processing referrals centrally, management of the Trusts Appointment Slot Issues (ASIs) lists and booking/rescheduling patients' appointments. They are also responsible for updating OASIS with patient information, creating new registrations, clinic template creation/management, and removing patients from waiting lists.

Medical Secretaries are responsible for participating in regular RTT training, following the RTT guidelines and ensuring that the PAS system is accurately updated. They are responsible for checking the 18 week status of patients on their consultant's waiting list and highlighting capacity or other issues to the appropriate Directorate Manager. They are responsible for completing and submitting Inter Provider Transfer Forms when patients are reassigned to another service.

Receptionists, Ward Clerks, Inpatient and Day Case Staff are responsible for checking and amending, if necessary, the patient demographics on PAS when patients attend. For checking a patient's NHS eligibility raising any queries to the Overseas Champions. They are responsible for recording the relevant outcome code in the PAS system for both outpatients and for admitted care. All patients' times must be recorded real time including time arrived seen and the outcome. For admitted care it is the admission time, in charge of care, when they are medically fit for discharge, discharge times and appropriate outcome. All admin staff must have an appreciation of the RTT pathways, how to link/unlink appointments, and how to amend an inaccurate outcome code.

Cancer Services Manager is responsible for managing, monitoring and reporting cancer targets using the national 'Going Further on Cancer Waits' guidance, escalating concerns to achievement to the Divisional Manager.

IT Training Team is responsible for providing training to all admin staff. They will highlight issues of non-attendance or non- compliance with this policy to the relevant Directorate Manager.

RTT Manager is responsible for liaising with the Head of Information to ensure that any changes to national RTT guidance are reviewed and procedures and training amended accordingly, they are also responsible for liaising with the Patient Access Manager and IT Training Team to ensure the PAS system supports the RTT procedures.

Directorate Management Teams are responsible for ensuring all their administration staff attends training and that issues of non-compliance are addressed. They will also regularly review the demand and capacity of the specialties they manage and highlight potential solutions to address issues to the Divisional Manager. They are also responsible for ensuring their E-Referral Polling ranges are regularly reviewed to allow E-Referral to be effectively used and managed.

Divisional Managers are ultimately responsible for ensuring that their specialties attain the 18 week targets and that actions are implemented to address any discrepancy between demand and capacity. They are responsible and accountable for managing any lack of provision of services and will instruct the Outpatient Booking Team how to address conflicts

between any demand and capacity.

Head of Information is responsible for producing regular reports to internal and external stakeholders on the Trust's performance against the RTT operational targets.

They are also responsible for:

- Monitoring the use of outcome codes ensuring that there is a consistent approach
- Reviewing and deciding any new outcome codes and ensuring they align to the correct data definitions
- Authorising any amendments to the outcome forms to ensure they meet Trust reporting requirements

All Staff – Security & Confidentiality

All staff engaged in the application of this policy are bound by The Dudley Group NHS Foundation Trust's Confidentiality Policy and the NHS Code of Confidentiality.

4.5. Patients

The following extracts are taken from the NHS Constitution and highlight the rights and pledges made to patients which relate directly to RTT:

Access to health services

You have the right to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution.

Patients also have responsibilities under the constitution to contribute to the achievement of the waiting time targets. It states (to patients):

- You should keep appointments, or reschedule within a reasonable time allowing 72 hours' notice. Receiving treatment within the maximum waiting times may be compromised unless you do
- You should provide accurate information about your health, condition and status including any special requirements needed
- You should provide your identification for confirmation of NHS eligibility funded care, or have alternative means to pay. This does not affect any emergency treatment

4.6. Armed Forces Covenant

The Armed Forces Community should enjoy the same standard of, and access to, healthcare as that received by any other UK citizen in the area they live. For serving personnel, including mobilized Reservists; primary healthcare is provided by the MOD, whilst secondary care is provided by the local healthcare provider. For family members, primary healthcare may be provided by the MOD in some cases (e.g. when accompanying Service personnel posted overseas). They should retain their relative position on any NHS waiting list, if moved around the UK due to the Service person being posted.

Veterans receive their healthcare from the NHS and should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need.

4.7. Private Patients

The Trust welcomes private patients and uses the income generated from private patients for the benefit of all patients within the Trust. This policy document sets out recommended standards for best practice for Trust Consultants and staff about their conduct in relation to private practice. The standards are designed to apply equally to honorary contract holders in respect of their work for the Trust.
The regulations concerning private patients are identified in 'Policy and Procedure for the Management of Private Patients accessed via the Trust intranet.

4.8. Overseas Visitors

The National Health Service provides healthcare for people who are **"ordinarily resident"** in the United Kingdom. People who are not "ordinarily resident" in this country are not automatically entitled to use the NHS free of charge – regardless of their nationality or whether they hold a British passport, a NHS medical card or have lived and paid taxes in this country in the past.
The regulations concerning charges to overseas visitors are identified in 'Overseas Visitors Policy' accessed via the Trust intranet.
All New patients must complete an NHS eligibility form, any queries must be directed to the Overseas Champions.

5. REFERRAL MANAGEMENT PROCESS

From the point a patient is referred to secondary care or Community Services or until they receive their first definitive treatment, there are several processes or events that can take place in the clinical pathway. During each of these stages, stakeholders have responsibilities and this section describes what these are and the relevant actions to be taken and by whom.

5.1. Directory of Services

In order to ensure that GPs refer to the most appropriate service and clinician, the Trust's Directory of Services (DoS) and Community (DoS) will accurately reflect the services provided by the Trust.

5.2. Referrals

Referrals to secondary care and Community Services can be submitted in a variety of ways which include:

- E-Referral
- Paper Referrals (only accepted by those not E-Referral)
- Consultant to consultant

All staff will ensure that any data created, edited, used, or recorded on DGFT information systems within their area of responsibility is accurate and recorded within DGFT Policy timescale in order to maintain the highest standards of data quality.

The date when the patient converts the Unique Booking Reference Number (UBRN) is the start of the waiting period for E-Referral.

The date a paper referral letter is received will be recorded on the Patient Administration System (PAS) as being the date the 18 week RTT clock starts (including private patients transferring to NHS care).

Non-urgent paper referrals received directly to a speciality team should be date stamped on day of receipt, graded by consultant and immediately tracked on to the Trusts centralised Outpatient Booking Team (OBT). Grading of referrals should clearly state the time span in which the clinician wishes a slot to be booked i.e., 2-4 weeks, 6-8 weeks etc. The grading clinician should also sign and date the referral. If a referral cannot be booked in the specified time span due to lack of slot availability, OBT will escalate to the speciality team within **48hrs** of receipt into the booking department.

Following grading urgent bookings should be immediately faxed to the centralised booking team.
Where a private patient wishes to become an NHS patient, they should be seen in accordance with clinical priority and in chronological order.

All private patient referrals will be logged on PAS.

The 18 week clock will start at the point at which the clinical responsibility for the patient's care transfers to the NHS. This will be the date when the Trust accepts the referral for the patient.

5.3. Cancer Referrals

All suspected cancer referrals are managed and operational standards monitored appropriately by the Trust Cancer Management Team using the national 'Going Further on Cancer Waits' guidance. All patients referred from their GP with suspected cancer will be seen for their first hospital assessment by a Consultant within 14 days of date of receipt of referral in the Trust or Unique Booking Reference Number conversion date.

Where patients reschedule their appointment or do not attend, the Department of Health document - "Cancer Waiting Times (CWTs) A Guide (version 8.0)" has been referenced to differentiate the approach to urgent (also known as Rapid Access) and non-urgent patients.

Once a decision to treat is made, a patient must be treated within 31days, or the soonest target date if for example the 62 day target is before the 31st day target.

It should be noted that the 31 day cancer pathway clock does not start when the referral is received like the 18 week RTT Clock. The 31 day cancer clock begins from the date of the "decision to treat", which is the date that the patient and consultant agree the treatment plan.

The overall pathway will be reduced to 62 days for cancer patients from receipt of the 2 week wait referral at the Trust to the 1st definitive treatment.

5.4. Outpatient Appointments (including community based appointments)

Communications with patients should be timely, informative, clear and concise and the process of waiting list management should be transparent to the public.

5.4.1. Demographics

Patients will have their demographic details checked and updated on the relevant clinical information system including PAS by the clinic receptionist and OBT at every outpatient and inpatient attendance.

5.4.2. Hospital Reschedules – outpatient appointments

It is the Trust's policy to avoid outpatient reschedules wherever possible. The Trust has an agreed leave policy, which states that a minimum of 6 weeks' notice **must** be given by all medical staff in order to minimise disruption to clinics and patient cancellations. Patient appointments should not be rescheduled by the hospital more than once.

Adult Initiated Reschedules

a) If an adult patient reschedules an outpatient appointment **twice** then the patient should be discharged back to their GP. When the patient contacts to reschedule the first appointment they should be advised that if they reschedule a second time they will be discharged back to the care of the GP
b) When rescheduling for the first time, the RTT clock will continue until first definitive treatment
c) If an adult patient cancels an outpatient appointment, and fails to make an alternative appointment then the patient should be discharged back to their GP (clock stop). The clinical need of the patient should be taken into consideration
d) In the case of Rapid Access referrals patients who reschedule three or more appointments will be highlighted to their GP by the Rapid Access Team in order to ensure that the GP contacts the patient to discuss the clinical implications of delaying their consultation

5.5. Adult Did Not Attends (DNA's)

5.5.1. New and Follow Up Appointments

If an adult patient does not attend their appointment they should be discharged back to their GP unless it is against the clinical interest of the patient. The GP and patient should be notified in writing to explain the reason for their removal. The patient may be re-referred at the GP's discretion.

In the case of Rapid Access referrals, patients who do not attend their first (new) appointments should be contacted by the Rapid Access Team and a further appointment issued, if the patient fails to attend again then the GP should be contacted by the Rapid Access Team in order to ensure that the GP contacts the patient to discuss the clinical implications of not attending their consultation. A maximum of 3 appointments should be issued if clinically safe to do so.

5.6. Paediatric Did Not Attend (DNA)

5.6.1. New and Follow Up Appointments

If a paediatric patient does not attend they will be discharged back to their GP unless there are specific medical/social reasons to provide a further appointment. If a second appointment is given, which the patient again fails to keep, the patient should then be discharged back to their GP and no further

appointments given.

For anyone involved in the care such as social services, safeguarding, health visitors, GP's all should be advised on the decision to discharge.

5.6.2. No Response to Partial Booking follow-up appointment Invitation

Under the partial booking system, patients are sent letters inviting them to telephone and make a follow up appointment. If they do not respond to the second reminder letter, (sent approximately 4 weeks before they should ideally be seen), the patient will be discharged back to their GP and no further appointment given.

5.6.3. Safeguarding Children

If there are known Child Protection or Safeguarding issues with a child who fails to attend for appointment or where there is no response to an invitation to make an appointment, a notification letter will be sent to the GP by the clinician who was due to review the patient, or to the appropriate Health Visitor or School Health Adviser by a trained nurse. Medical notes will be marked appropriately to show such notification has been sent and to whom it was addressed. This will be audited periodically to check compliance.

If the child or young person is a 'Looked after Child' the same process needs to be followed and the social worker for the child or young person also needs to be informed.

5.7. Patient Contact/Outcome Forms

Every hospital clinic attendance must have a definitive outcome recorded on PAS within 1 working day. It is the responsibility of the clinician or health care professional who reviewed the patient, to complete the outcome form of each patient appointment on a "Patient Contact/Outcome Form" prior to the departure of the patient or at the end of the clinic in the case of DNAs. For community services, the timescales for recording definitive outcomes within IPM/NCRS is within 5 working days. If a clinic has run over or is a weekend clinic and no administrative support is available the clinic should then be completed (cashed up) the very next working day.

5.8. Outpatient Clinic Template Changes

Template should be reviewed regularly by the Directorate Management Teams to meet the demand of the service and to ensure the patient has the best patient experience.

Any suggested changes to a template, should include the review and perusal of the patients already "booked" to ensure the patient has not had a hospital reschedule previously, that the 18 week RTT clock will not breach and there is no clinical risk to the patient. The clear instructions should then be given to the Clinic Co-ordination Team.

All changes to clinic templates must be discussed and agreed by the Clinician, Medical Service Head, Divisional Manager for that service or the Head of Community Services, using the agreed proforma. This is particularly important for proposed reductions in "new appointment" slots.
Reductions can only be approved when the provision of patient access times are not compromised as a result of the proposed alterations.

5.9. Inter Provider referrals

Transfers to alternative providers must always be with the knowledge and consent of the patient and the transferring professional.
All inter provider transfers must be undertaken by the relevant medical secretary by completing an Inter Provider Transfer Form (IPTF) in order to ascertain the patients RTT status/pathway commencement date.

The information provided should include:

- RTT ID number
- Organisation code
- RTT start date
- Decision to refer date
- RTT period status
- The clock stop date in the Trust or Community PAS system Cancer referrals between providers must adhere to the cancer treatment targets based on the original referral date.

5.10. Removals from the Outpatient Waiting list

When a patient is removed from the outpatient waiting list, the free text fields within PAS should record the sequence of events. Patients will be removed when:

- Patients cannot agree a reasonable date for attendance
- Patients cancel and do not wish to rebook
- Advice only, is given by consultant
- The patient “Does Not Attend” and the clinician indicates they should be discharged back to their GP
- If a patient makes themselves unavailable for an appointment for a period of 6 weeks or longer

5.11. Patients Returning to the Trust Post Treatment

When a patient is discharged from outpatient care any future outpatient attendance within the same Trust, specialty and consultant/nurse led clinic is classified as a first attendance and a new referral pathway followed.

If it is not felt appropriate to discharge but to leave pathway open and review, any returning appointments will be classed as follow up for up to a 6 month period under the same specialty/consultant or nurse led care.
Please note that if your service has a contract for ‘self-referral’ then the referral taker should complete a self-referral form and submit as a new patient referral for processing by the Trusts Outpatient Booking Team.

5.12. Imaging and Diagnostics

5.12.1. General Principles

- The target waiting time for Rapid Access referrals is 2 weeks
- The target waiting time for routine imaging and diagnostic referrals is 6 weeks

5.12.2. Booking Appointments

All patients will be offered appointments within the current guidelines for patient choice, unless the patient specifically chooses to wait outside the standard.

- Patients are sent a letter with a specified appointment date and time and are asked to contact the imaging department by phone to change the appointment if it is not convenient.
- Patients will be given 7 days' notice of their appointment date if notified by post.

5.12.3. Reschedules (Could not attend, Reschedules) Patient Initiated

Patients who reschedule their appointment should be given an alternative date at the time of the reschedule so a suitable date and time mutually agreed.

If a patient reschedules more than **twice**, the request will be sent back to the referring clinician to assess the implications and then re-referred if necessary, however, the clock would restart from the date of the new referral.

5.12.4. Did Not Attends (DNAs)

Patients who do not attend for their diagnostic investigations without prior notification will be returned to the referring clinician. The referring clinician would need to re-request if clinically appropriate and the clock would be nullified.

Rapid Access patients who DNA will be telephoned to request they make an alternative appointment, if they decline, they will be referred back to the requesting clinician.

5.12.5. Active Monitoring

Patients on active monitoring, routine or regular diagnostic check-ups (e.g. 6- monthly check cystoscopy) have had their RTT clock stopped. However, if the outcome of a routine diagnostic check was that further treatment was required, this would start a new RTT clock, on the date that this decision was made and communicated to the patient.

5.13. Elective Admissions

5.13.1. General Principles

- Patients who are added to the elective wait list must be clinically and socially ready for admission on the day the decision to admit is made
- Urgent patients will be clinically prioritised. Routine patients will be treated in chronological order based on their RTT breach date.
- Patients will have a clear point of contact at the Trust, which should be the secretary of the appropriate consultant.
- Patients who are undecided about the operation and are given time (a maximum of 6 weeks) to notify the department of their decision, should be recorded as 'active monitoring' (clock stop) on the PAS. These patients should not be added to the waiting list until they have confirmed that they wish to proceed with the treatment that has been offered.

5.13.2. Adding Patients to Waiting Lists

It is the consultant's responsibility to notify the medical secretary of any patients requiring addition to the waiting list by immediately completing the Waiting List proforma, compiling the letter, or ringing the secretary on the day of the decision to admit.

5.13.3. Pre Assessment

All patients requiring elective intervention should be subject to pre-operative triage or attend a pre-assessment appointment to avoid any unnecessary theatre and ward cancellations. Patients who cancel their pre-assessment appointment should be given an alternative date at the time of the cancellation. However, if a patient does not attend or cancels more than **twice**, the request will be sent back to the referring clinician to assess the implications and the patient re-referred if necessary.

5.13.4. Elective Planned Waiting Lists

Planned waiting list patients are those who are waiting to be recalled to hospital for a further stage in their course of treatment or surgical investigation at a specific point. They will not be classified as being on an 'active' waiting list and are not included in waiting times of the 18 week RTT target. Examples include:

- "Surveillance" endoscopic procedures
- Age/growth surgery
- Investigation/treatment sequences

5.13.5. Hospital Cancellation

No patient should have his or her planned/elective admission cancelled for a non-clinical reason. However, this may occur in exceptional circumstances. Where a patient's admission date is cancelled by the hospital in advance, contact will be made with the patient and an explanation given as to the reason for the cancellation (clock continues). A new date will be provided as soon as possible.

In the event that the Trust has to cancel a patient's elective procedure on the **day of admission or day of surgery,** the patient must be offered another TCI date within their RTT breach date and within 28 days of the cancelled operation date, whichever is sooner. If the new date is not convenient to the patient, they can choose to be treated after the 28 days. The patient must be informed of this and the waiting list comments field updated to reflect their decision. The next available and convenient date for the patient is to be agreed and confirmed.

5.13.6. Patient Cancellation

Unless against the clinical interests of the patient, if a patient has declined at least two reasonable appointment offers for admission and been given three weeks' notice, the patient should be referred back to the GP. If it is against the clinical interest of the patient to return to the GP then the clock must be paused.

5.13.7. Patient Did Not Attend

Provided that the admission appointment was clearly communicated to the patient and complied with 'reasonable notice', if any patient DNAs their **first** elective admission then they should be referred back to their GP, unless this is against the clinical interests of the patient (clock stop).

5.13.8. Patient Unfit for Treatment

If a patient becomes unfit for a period of six weeks or more, the patient should be removed from the waiting list and returned to the GP. When the patient is confirmed fit by the GP the medical secretary may add the patient

directly to the waiting list or make an appointment to be seen in clinic (new clock starts) if within 4 months of the original referral.

5.13.9. Interface between NHS & Private Patients

A large number of patients opt to have some or all of their investigations and treatment privately. A patient can only transfer from Private Patient status to NHS with a referral from a GP.

Once a referral has been made, the clock will start from the date the referral has been received into the Trust for treatment within the NHS. Any waiting time within the private sector will not be counted**.**

Although patients are entitled to move between providers at any stage, the NHS Consultant or responsible clinician retains the right to make a choice on whether to accept any previous medical opinion or recommendation.

In the case of cancer patients, the national cancer targets are still applicable.

6. TRAINING AND SUPPORT

6.1. Training

All staff involved in the implementation of this policy, clinical, administrative, and clerical will undertake initial training and regular updating. Appropriate training programmes will support staff with special regard given to newly recruited staff and bank staff.

6.2. Quality Assurance

In order to establish that the policy and procedures are appropriately carried out and reflect current standards, an audit of the processes will be undertaken on a yearly basis as one of performance monitoring compliance (see section 7).
Waiting lists will also be subject to rolling validation programmes according to current best practice.

7. PROCESS FOR MONITORING COMPLIANCE

The table in **Appendix 1** sets out the monitoring details.

8. EQUALITY IMPACT ASSESSMENT

The Dudley Group NHS Foundation Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

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APPENDIX 1 – COMPLIANCE MONITORING TABLE

Element	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
I. The Directory of Services (DoS) provided by the Trust is up to date	Patient Administration Manager	Directory of Services (DoS)	Annually	Publish DoS to service leads	Patient Administration Manager to cross reference specialties delivered against published DoS and update	Directorate Teams to notify Patient Access Manager of any changes to DoS/services provided by Trust.
II. Referral information is complete and accurate	Consultants Community Services AHPs/ Service Managers	Audit of referrals received	3 Monthly	Clinical Quality Review Meeting	Issues around the quality and timeliness of letters should be e-mailed to: quality@dudleyccg.nhs.uk Performance issues and review of referrals will be actioned by the CCG lead	Referral information will be complete and effective
III. Outpatient & Inpatient: a) Patient initiated cancellations dealt with in accordance with policy	Directorate Managers Patient Administration Manger	Info Dept report. Spot audit 10 cancellations to check that policy has been followed	3-monthly	Report to directorate managers and Outpatient Steering Group of cancellations in previous 6 months	Directorate management team highlight actions taken outside of Trust policy	Directorate Manager to address noncompliance to policy with team and establish correct protocol to be followed. Performance management
b) DNAs dealt with in accordance with policy	Directorate Managers Patient Administration Manager	Info Dept. report. Spot audit 10 DNAs to check that policy has been followed	3-monthly	Report to directorate Managers and Outpatient Steering Group of DNAs in previous 6 months	Directorate management team highlight actions taken outside of Trust policy	Directorate Manager to address noncompliance to policy with team and establish correct protocol to be followed. Performance management

c) Hospital initiated outpatient clinic reschedules provide at least 6 weeks' notice	Directorate Managers Patient Administration Manager	Clinic cancellation and rescheduled report	Monthly	Report provided to directorate managers and Outpatient Steering Group	Directorate management team to highlight noncompliance to Trust policy.	Clinical Director, Deputy Director to address noncompliance to policy with team and establish correct protocol to be followed. Performance management
d) Outpatient appointment outcome forms are completed and recorded in PAS	Information Department	Data Warehouse	Weekly	Report to show missing outcomes	Dept. Managers to identify reasons for missing outcomes. Reception and Ward Clerk Managers	Address and rectify any recurring missing outcomes with relevant parties. Performance Management to show decrease.
e) 95% of non-admitted patient pathways completed within 18 weeks	Information Department	Data Warehouse	Monthly	Report to show non-admitted patient wait times	RTT Training & Support Officer to review and validate report making relevant changes in Oasis where appropriate Directorate Management team to escalate inability to deliver 18 week pathway	Review root cause of any errors in recording and address with additional training for relevant users Review ways of improving service's ability to deliver 18 week pathway e.g. increasing capacity
IV. Inpatients: a) Hospital initiated cancellations dealt with in accordance with policy	Information Department	Data Warehouse	Weekly	Report to show patients cancelled on the day	Directorate Managers to review and ensure that patient is given alternative TCI within 28 days	Look into root cause of cancelled on the day to see if anything can be done to prevent reoccurrence
b) 90% of admitted patient pathways should be completed within 18 weeks	Information Department	Data Warehouse	Weekly	Report to show admitted patient wait times	Directorate appointed administrators to review and validate report making relevant changes in Oasis where appropriate Directorate Management team to escalate inability to deliver 18 week pathway	Review root cause of any errors in recording and address with relevant users Review ways of improving service's ability to deliver 18 week pathway

V.	For patients on incomplete pathways (outpatient or inpatient), no more than 92% of patients to wait more than18 weeks	Information Department	Data Warehouse	Weekly	Report to show incomplete pathway patient wait times	Directorate appointed administrators to review and validate report making relevant changes in Oasis where appropriate Directorate Management team to escalate inability to deliver 18 week pathway	Review root cause of any errors in recording and address with relevant users Review ways of improving service's ability to deliver 18 week pathway
VI.	Community Information Data Quality Reports	Information Department	Data Warehouse	Monthly	Closed referral clock still running Cancelled referral incorrect outcome Cancelled referrals no RTT Status Referrals with multiple clock stops	To highlight system and data errors	Intention for Community services to migrate to a single PAS, which is dependent on the Trust's IT strategy. Enable consistent reporting
VII.	Community services RTT report	Information Department	Data Warehouse	Monthly	Complete/ Incomplete Pathways by Wait Time (Weeks)	To highlight system and data errors	Ensure Service Managers adhere to NCRS WI-0066 clock starts and stops