LOCAL HEALTH ECONOMY - PATIENT ACCESS POLICY

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<thead>
<tr>
<th>Department / Service:</th>
<th>Worcestershire Health Services</th>
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<td>Worcestershire Acute Hospitals NHS Trust, Worcestershire Primary Care Trust, NHS Worcestershire, Worcestershire Community Trust</td>
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<td><strong>Target Departments</strong></td>
<td>All clinical, managerial and administrative departments</td>
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<td><strong>Target audience</strong></td>
<td>Managerial, clinical, administrative, commissioning and General Practice staff. Patients via the internet.</td>
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If you would like this document in other languages or formats (i.e. large print), please contact the Communications Team at NHS Worcestershire on 01905 760020 or email communications@worcestershire.nhs.uk

Or the Head of Communications at Worcestershire Acute Hospitals NHS Trust; Rebecca Bourne on 01905 760453 ext: 30580 or email rebecca.bourne@worcsacute.nhs.uk
Purpose of this document:

The purpose of this document is to ensure that all staff are provided with clear policy and rules regarding NHS waiting list management, access to NHS services and individual responsibilities. The policy applies to all Acute and Community Provider staff, all GP/DPs and all PCT and NHSW staff.

Contents:

Background and Summary of Policy

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Background and Summary of Policy

This local health economy patient access policy has been developed to clearly document the rules, roles and practices associated with accessing elective clinical services in secondary care.

The policy has been updated in order to include recent national changes, in particular 18 weeks rules, cancer targets and Choose and Book.

The policy identifies best practice in waiting list management.

The policy documents specific data definitions for the local provider organisations.

The policy identifies the methodology for implementation, training and monitoring of adherence.

The policy has been developed in conjunction with NHS Worcestershire and WPCT Provider services.

1. Scope of the Policy

The policy applies to Worcestershire Health Services.

The policy applies to any circumstances where an NHS patient receives care in a non-NHS hospital at the Provider’s arrangement.

2. Policy Statement

To ensure efficient and streamlined processes which optimise utilisation of capacity, reduce overall wait for treatment and reduce numbers waiting for treatment. To treat the patients in the right place; at the right time, and by the right person.

The patient’s journey is recognised as moving through a whole health care system rather than separate discrete systems.

The policy provides clear statements of the Acute provider procedures, PCT and patient responsibilities in the management of this process.

The policy reflects NHS 18 week rules and milestones, strategic objectives and developments that affect patient access.

The policy will be reviewed annually and endorsed by Acute and Primary Care Trust Boards or Executive Committee.
3. Procedure

3.1 Adherence to maximum waiting times:

- The NHS Constitution sets out the following right for patients with effect from 1st April 2010.

  Patients “have the right to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of alternative providers if this is not possible”.

- This means 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 clinically appropriate alternative providers if the patient makes such a request.

- The following services are excluded from the right:
  - Maternity services
  - Any healthcare services which are not consultant-led.

- This right does not apply to:
  - Patients not on an 18 week pathway
  - Patients who are registered with a GP in Northern Ireland, Scotland or Wales.
  - Patients who do not attend (DNA) an agreed appointment, without giving prior notice.
  - Patients who refuse treatment.
  - Patients who choose to wait longer than 18 weeks for their treatment.
  - Patients who are unable to commence treatment within 18 weeks.
  - Patients for whom it is not clinically appropriate to start treatment within 18 weeks.
  - Patients who do not require treatment following clinical assessment.
  - Patients who are referred back to primary care services to receive treatment.
  - Patients who require active monitoring following assessment.
  - Patients who are placed on a national transplant waiting list following assessment.

- The maximum waiting time for the 18 week pathway will be delivered in accordance with the NHS Constitution.
• The maximum waiting time for referral to treatment will be 18 weeks across all specialties. This includes all elements of the patient’s pathway, i.e. outpatients, diagnostics, therapies and admissions. No-one should expect to wait more than 18 weeks from the time they are referred to the start of their consultant-led treatment, unless it is clinically appropriate to do so, or they choose to wait longer.

• Providers will take all reasonable steps to offer patients who request it an opportunity to start treatment sooner at a range of suitable alternative providers if they have not been, or will not be, treated within 18 weeks and the provider/NHSW is satisfied that this request is valid.

• Cancer referrals will be seen within 14 days of referral received date, if the referral is received via the agreed 2ww process.

• All patients will be selected from the waiting list in the order of their clinical priority (with ‘clinically urgent’ patients seen as a matter of priority) to ensure treatment within maximum agreed waiting times.

• The Directorate management team and clinical leads will take overall responsibility for the management of waiting lists within their specialties and adherence to the maximum waiting times.

• All administration staff will adhere to best administrative practice in the management of waiting lists.

• Through the annual contracting process NHS Worcestershire will work with providers to ensure sufficient capacity is commissioned from providers to achieve the required waiting times targets.

• To ensure a choice of providers NHSW will commission services from a range of alternative providers and regularly review capacity, as required.

3.2. Referral, booking and choice

• The referral method of choice into Consultant or Allied Health Professional services within secondary care will be Choose and Book.

• NHSW will support GPs with Choose and Book, encouraging referrals using the Choose and Book system, according to agreed milestones.

• The providers will work jointly with the PCT to ensure all GP Practices utilise the electronic booking system for referrals.
• Choose and Book will be set up to ensure that patients are not able to choose an initial appointment date outside of the maximum waiting times.
• GPs are required to discuss Choice with their patients and support them when making choices.
• GPs must ensure that patients are fit, ready and available for treatment prior to referral. Providers will return patients to Primary care if patients are not fit, ready and available to commence / continue the treatment pathway.
• Where clinical protocols / referral guidelines / referral forms / clinical pathways or similar exist, GPs must adhere to these prior to referral. Providers reserve the right to return patients to Primary Care prior to accepting the referral if not followed.
• Patients have the right to choose from any clinically appropriate NHS funded Provider following a referral to a hospital consultant. The only exceptions to this rule is speed of access such as suspected cancer and chest pains, in addition to maternity services and mental health services.
• GPs will be able to refer to named consultants where clinically appropriate. All other referrals should be generic (Dr Doctor) referrals.
• The named consultant facility should chiefly be used where the GP needs to either ensure continuity of care or make a very specialist referral where only that named consultant would be able to treat the patient.
• The PCT and Provider organisations will encourage the use of pooled waiting lists for Dear Dr referrals to ensure maximum use of finite capacity.
• Where clinically appropriate, the Providers may need to offer patients treatment at any of their Secondary Care sites, for Dear Dr referrals. This is deemed to be a reasonable offer.
• Where clinically appropriate, Providers reserve the right to redirect referrals to another consultant where it is evident that a pooled service will prevent long waiting times. This is deemed to be a reasonable offer.
• If a 2ww or diagnosed cancer patient is offered an appointment or admission with 24 hours notice or more, this is deemed a reasonable offer.
• Under the terms of the NHS Contract, Providers will ensure sufficient appointment slots are available to meet demand from Primary Care and manage capacity flexibly to accommodate the choice of provider that patients make. Providers will work in partnership with NHSW to manage demand and if clinically appropriate NHSW will identify alternative provision for secondary care referrals.
• Consultant to consultant referrals must comply with the relevant Commissioning Policy. Inter-provider referrals for the same
condition may be made on behalf of the GP to ensure speed of referral. For new conditions, the patient must be returned to their GP for consideration of alternative treatment pathways as appropriate.

- Secondary Care Provider booking processes will adhere to DH policy ensuring that patients can choose between at least two separate appointment dates with reasonable notice and within a realistic period.
- Patients will be selected from waiting lists in chronological order within the context of the 18 week pathway and their clinical priority.
- Providers will review on a weekly basis capacity available on the Choose and Book system to ensure sufficient slots are made available for routine referrals.
- Providers will ensure that all new routine appointment slots are available on Choose and Book and that the corresponding Directory of Services is up to date at all times to allow for greater choice for patients.

3.3 Communication

- Where appropriate, referral protocols, guidelines and discharge processes will be developed, communicated, updated and adhered to. These will be jointly agreed within the health economy.
- GPs will communicate all necessary information as part of the referral, including adhering to the minimum data set and detailing any special needs. This includes patients’ up to date telephone contact details.
- Patients will be given all relevant information to make informed decisions associated with their pathway of care.
- Where it is clear that patients may find booking letters confusing or impossible to read, telephone contact will be made in addition to an appointment letter. Large font letters may be used for sight impaired patients.
- Information will be provided for patients in other languages as appropriate.
- Referrers must ensure that patients are involved in the decision to refer for treatment or diagnosis, including choice of provider.
- GPs and Providers will ensure that patients are informed of their referral to treatment status and the patient’s personal responsibilities to be available for treatment within 18 weeks.
- GPs must ensure that the patient is aware of the 18 week referral to treatment pathway and only refer to a Provider if the patient is fit, ready and available for treatment within the 18 week period. For routine patients, GPs must ensure that
patients are available to accept an offer of appointment 5 weeks after referral.

- There will be two dedicated points of contact to deal with patients’ requests for an alternative provider, should they not be treated within 18 weeks. The first point will be at the provider and the second at NHSW.

- The dedicated contact will provide details to patients on request regarding how long their 18 week clock has been running. Where patients wish to be treated more quickly, the provider should take all reasonable steps to offer a range of alternative appointments to start treatment elsewhere at suitable provider. Options for alternative provider to the patient include other NHS providers or private providers providing NHS services through an NHS Standard contract, Foundation Trust contract, an extended choice or free choice network agreement, or independent sector treatment centre contract.

- Where this is not possible, the reasons will be explained to the patient. Records will be kept recording all outcomes of patients who query their 18 week pathway.

- Patients appointments will only be expedited if the GPs communicate that there is a clear clinical/social change in the patients circumstances, since decision to refer.

- Internal referrals and inter-provider referrals will be communicated to the receiving organisation / clinician within 48 hours of the decision to refer in order to avoid delays in the patient’s treatment pathway.

- Decisions to admit will be communicated immediately to appropriate administration staff so that patients are added to the waiting list at the time of decision to admit.

- Patients must be informed that if they turn down/cancel/reschedule two reasonable offers of appointment or admission, they may be removed from the waiting list and referred back to the GP.

- If patients fail to respond to correspondence inviting them for appointments, within the agreed timescales, they will be removed from the waiting list and discharged back to their GP.

- Self referral following removal from the waiting list may be acceptable within 6 weeks, unless clinical condition changes. A new pathway and clock will start at the time the self referral is clinically accepted.

- If patients fail to attend a booked appointment without prior warning (and the Trust is confident that the patient contact details were correct and that the patient was given sufficient notice of the appointment, the patient will be returned to Primary Care (exclusions apply to paediatric patients and clinically urgent referrals).
• Following a failed attendance, the Trust will allow self referral up to 3 weeks from the date of the appointment.
• All internal correspondence regarding the patients pathway must contain the unique pathway ID and the 18 week status.

3.4 Data definitions

• If a Clinician transfers a patient’s care to another clinician within the same episode then this appointment should be classed as an internal referral and a new first outpatient appointment made.
• If a clinician forwards on a referral to another clinician before seeing the patient, then the patient is booked as a GP referral and a new first appointment for the accepting clinician.
• Patients joining the catchment area and requiring a review at a particular time i.e. 12 month diabetic follow-up can be considered as new referrals to the Provider but recorded to allow the Trust to avoid a breach. The referral to treatment status should be correctly recorded as a clock stop if treatment has already been given at the previous Provider.
• Post A and E / emergency admission referrals to the same or other specialty will be classed as internal referrals and a first appointment booked, but recorded to allow the Trust to avoid a breach. The referral date is the date of the decision to refer for an appointment.
• Post direct access endoscopy referrals to the same or other specialty will be classed as internal referral and a first appointment booked but recorded to allow the Trust to avoid a breach. The referral date is the date of the decision to refer for an appointment.
• Post birth paediatric appointments will be classed as internal referrals and a first appointment booked but recorded to allow the Trust to avoid breaches. The referral date is the date of the decision to refer for an appointment.
• If emergency or elective admission patients have not been seen as an outpatient, the post ward discharge appointment will be recorded as a new appointment, but recorded to allow the Trust to avoid a breach. The referral date is the date of the decision to refer for an appointment.

3.5 Clinical Pathways

• Clinical pathways will be developed, documented, agreed and followed within the local health community.
• Clinical pathways will all support achievement of 18 weeks referral to treatment timescales.
• NICE Guidelines and nationally approved clinical pathways will be adopted as part of local pathway development.

3.6 18 week rules

• The 18 week referral to treatment pathway is the part of a patient’s elective care following initial referral, which initiates a clock start, leading up to the start of first definitive treatment or other 18 week clock stop point.

• The start of an 18 week patient pathway is defined as the time when any care professional or service permitted by an English NHS commissioner to make such referrals, refers to:

  a) a consultant led service, regardless of setting, with the intention that the patient will be assessed and, if appropriate, treated before responsibility is transferred back to the referring health professional or general practitioner.

  b) an interface or referral management or assessment service, which may result in an onward referral to a consultant led service before responsibility is transferred back to the referring health professional or general practitioner.

• An 18-week clock also starts upon a self referral by a patient to the above services, where these pathways have been agreed locally by commissioners and providers and once the referral is ratified by a care professional.

• Where a new condition is identified i.e. not the condition for which the patient was originally referred and the patient needs a different consultant/specialty opinion, then the patient should be immediately referred back to the GP as per the Commissioning Policy for Managing Internal Referrals.

• Patients requiring bilateral procedures for example removal of cataracts, hip replacements, will only be listed for the second side when they become fit and ready. The date they are deemed fit to proceed e.g. at outpatient review, will be the start of a new 18 week pathway.

• Pausing the clock on a pathway may only take place where a decision to admit has been made, and the patient has declined at least 2 reasonable appointment offers for admission. The clock is “paused” for the duration of the time between the earliest reasonable offer and the date from which the patients makes themselves available again for admission (maximum three months).

• Where a patient has declined reasonable offers and chooses to wait for an admission at a specific site or with a specific consultant, the clock can be paused as this is considered to be
within the spirit of Choice. This must be clearly recorded on OASIS for audit purposes.

- The re-start date for a stopped 18 weeks pathway will commence when there is a new decision to treat following previous active monitoring or previous treatment.

- Acceptance of an 18 weeks breach will only be permitted for patient choice and clinical exception i.e. where waiting longer than 18 weeks is in the patient's clinical interest.

- The 18 week clock will stop when:

  a) First definitive treatment starts either by a consultant led service; an interface service; or therapy or healthcare science intervention provided in secondary care or at an interface service. This would include a diagnostic procedure undertaken as therapeutic as intent, or where treatment is given as part of the procedure.

  b) A clinical decision is made and communicated to the patient and their GP to add a patient to a transplant list.

  c) Patients who DNA first or subsequent appointments/admission dates will be discharged back to their GP provided there is evidence that the appointment was clearly communicated to the patient, with adequate notice. Exceptions to this will be children or where it is deemed contrary to a patient's best clinical interest (maximum of one further offer of appointment). Patients who need to be re-referred following DNA, non-response of letters, or any other removal will be fast-tracked back into the system if this is clinically required.

  d) It is clinically appropriate to return the patient to primary care for any non consultant-led treatment in primary care.

  e) A clinical decision is made to start a period of active monitoring. A patient who chooses to consider whether to proceed or what type of treatment to choose for more than 7 days will be considered as starting a period of active monitoring.

  f) A patient declines treatment having been offered it.

  g) A clinical decision is made not to treat.

Cancer specific waiting time rules

Under “Going Further on Cancer Waits” there are a number of specific rules and standards that need to be applied to cancer services, the full document in its latest version, 6.7, is attached as Appendix. NHSW expects that the provider will deliver services that comply with this guidance. The main points in the guidance are:
Cancer standards

<table>
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<tr>
<th>Commitment (As specified in published National Statistics data - where applicable)</th>
<th>Operational Standard</th>
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<tbody>
<tr>
<td>62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers</td>
<td>85%</td>
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<tr>
<td>62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers</td>
<td>90%</td>
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<tr>
<td>31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers</td>
<td>96%</td>
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<tr>
<td>31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments</td>
<td>98%</td>
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<tr>
<td>31-Day Wait For Second Or Subsequent Treatment: Surgery</td>
<td>94%</td>
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<tr>
<td>31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments</td>
<td>94%</td>
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<tr>
<td>All Cancer Two Week Wait</td>
<td>93%</td>
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<tr>
<td>Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)</td>
<td>93%</td>
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Two week waits

Receipt of the referral is day 0 for the two week wait standard, period end is when the patient is first seen by a consultant. Patients are to be tracked until either:

A cancer is diagnosed
Cancer is excluded

- If the 2ww patient’s first appointment is an investigation and this planned investigation cannot be carried out due to inadequate preparation by the patient ie not following starving instructions, then THE APPOINTMENT WILL BE CLASSIFIED AS A DNA, the waiting time will re-start from the date of the failed investigation
- If a patient cancels their 2ww appointment within 24 hours of their appointment then it will be recorded as a DNA and a new appointment will be given.
- If a patient does not attend the first appointment twice, then they will be sent back to their G.P. they cannot be sent back after just one DNA.
- **Patients should not be referred back to the GP because they are unable to accept an appointment within 2 weeks, once**
a referral has been received by secondary care it should not be returned due to patient unavailability.

- If a GP knows a patient is not available within a two week period a GP can defer a referral if they think it is appropriate but the patient’s best interests are often best served by appointments being sent at the earliest opportunity.

- When choosing Choose and Book the duty of care remains with the GP and referral information should be attached within one working day. Practices are encouraged to run daily checks for missing referral letters. Choose and Book for two week waits is not compulsory.

- If a patient chooses an appointment outside of the two weeks/declines an appointment within two weeks that does not exclude them from the two week or 62 day cohorts.

- Consultants cannot downgrade 2ww referrals, they can only talk to the GP and ask them to withdraw the two week wait referral status.

- Patients who have multiple cancellations should not be referred back to the GP, UNLESS this has been agreed with the patient.

- A DNA after a cancellation of the first appointment trumps the cancellation i.e. the clock continues to tick after the cancellation then the patient DNAs so the clock can be reset for when the patient re-books their appt.

If cancer is excluded at the point of first attendance, the cancer waiting times cease and the patient joins the 18 week pathway.

62 day pathways

The starting point for the 62 day waiting time and for urgent 2ww referral is the one of the following:

- receipt of referral direct from GP/GDP (ORIGINAL REFERRAL REQUEST RECEIVED DATE) – for 2ww referrals for suspected cancer and 2ww referrals for patients with breast symptoms (not suspicious of cancer);

- receipt of referral direct from any health professional (ORIGINAL REFERRAL REQUEST RECEIVED DATE) – for 2ww referrals for patients with breast symptoms (not suspicious of cancer);

- receipt of referral via Choose & Book, (UBRN CONVERSION - the Unique Booking Reference Number conversion date for an appointment) – for 2ww referrals for suspected cancer and 2ww referrals for patients with breast symptoms (not suspicious of cancer);

- receipt of referral for further assessment following a suspicious mammogram (recorded as ORIGINAL REFERRAL REQUEST RECEIVED DATE) – this is for patients coming in via the breast screening programme with suspected cancer.
• receipt of referral for an appointment with a screening nurse practitioner to discuss suitability for colonoscopy (recorded as ORIGINAL REFERRAL REQUEST RECEIVED DATE) – this is for patients coming in via the bowel screening programme with suspected cancer;

• receipt of referral for a colposcopy appointment (recorded as ORIGINAL REFERRAL REQUEST RECEIVED DATE or UBRN CONVERSION) – this is for patients coming in via the cervical screening programme with moderate or worse cytology;

The period end for 62 days is the first definitive treatment the TREATMENT START DATE.
Tracking can stop after first treatment, if a single treatment modality was planned, however, a process needs to be in place to ensure that patient requiring subsequent treatments can have their

31 day pathways

The starting point for the 31 day waiting time for treatment is the date that the patient agrees a plan for their treatment

This is the date that marks the start of the 31 day standard for both first and subsequent treatments. It will be either:

• the DECISION TO TREAT DATE (DTT) - the date that a patient agrees a treatment plan for either first or subsequent treatments. An individual patient may have multiple DTTs; or

• the EARLIEST CLINICALLY APPROPRIATE DATE (ECAD) – this is where there is no new DTT date but there has been a previously agreed and clinically appropriate period of delay before the next treatment can commence. In this case the subsequent activity which the patient needs to be ready for may not be the final treatment itself but could be the next appointment which deals with the planning of that subsequent treatment.

• The start date for the 31 day waiting time for subsequent treatment will be the earliest clinically appropriate date (ECAD) that the decision is made that the patient is ready for the next activity to take place. This could be telephone consultation or face to face consultation.

Cancer Clock Stop Rules

Pauses allowed:

1. Patient DNAs their initial out patient appointment, this leads to the clock being reset from receipt of referral.

2. Patient declines offer of admission for treatment in an inpatient setting, provided the offer was reasonable. For cancer waiting times, a reasonable offer will be one or more offers with at least 24 hours notice.
Pauses not allowed

1. Patient choice in terms of first outpatients appointments after urgent GP referral
2. During the diagnostic phase of the 62 day standard
3. For medical suspensions at any point in the patient pathway
4. For waits for treatment that will take place in non-admitted settings.

The clock stop rules for the 62 day and 31 day waiting times are the same as the 18 week clock stop rules listed above

A consultant or agreed member of the team can upgrade an urgent or routine referral to become part of the cancer waiting times 62 day pathway at any point before or at the MDT meeting. This patient's 62 day clock start will commence at the date of decision to upgrade. There should be a written list of authorised people and those lists should be shared appropriately, ultimate responsibility remains with the Consultant so they must sign for delegated authority. The Consultant upgrade date is the date that the consultant responsible for the care of the patient (or an authorised member of the consultant team - as defined by local policy) decided that the patient should be upgraded from an 18 week period to a 62 day period as cancer is suspected.

If a patient declines to have any tests, the patient removes themselves from the 62 day cancer waiting times standards. If they are subsequently diagnosed, they will commence on the 31 day waiting time standards.

If a 2ww patient is admitted as an emergency for the same condition, but before they are seen they will no longer be recorded as a 2ww standard. The emergency admission supersedes the 2ww referral and the 2ww waiting time is removed.

For suspected cancer, referring Providers should refer to tertiary centres within one working day of the decision to refer date

Hospital and patient Initiated Cancellation

- The Provider will follow national guidelines for operations that are hospital initiated cancellations on the day of surgery or day of admission for non-clinical reasons, offering another date within 28 days of the date of the cancellation or sooner if the patient's 18 week pathway deadline is imminent.
- Hospital initiated cancelling / rescheduling (outpatients, admissions and investigations) does not stop the 18 week clock for patient's still requiring treatment.
- Patient initiated cancelling, as above, does not stop the clock unless discharge back to Primary Care for patients still requiring treatment.
3.7 Transfer and acceptance of patients between Providers

- Referring Providers should plan to refer patients to Tertiary Centres by **week 8**, for routine referrals. It is recognised that this may not be possible in all specialties – in which case the optimal day for referral should be identified and agreed between Trusts.
- Providers will comply with the DH guidelines on breach sharing.
- Inter-Provider transfer national minimum data sets are required for all cross provider referrals unless specifically negotiated.
- In managing the 18-week pathway the Provider should be mindful of the principle that an inter-provider transfer is a shared breach.
- The referring Provider has a responsibility to ensure that when patients are tertiary referred the receiving Provider is given sufficient time to treat patients within the 18-week pathway/cancer waiting times to avoid a breach. Do we want to define “sufficient time”?
- All referring Providers must electronically send the Inter-Provider Transfer forms and referral details via NHS.net mail, within 48 hours of decision to refer.

3.8 Monitoring the 18 week pathway

- The Provider will validate 18 week pathways on a weekly basis and produce validation performance reports.
- The Provider will use operational PTLs (Patient Tracking Lists) as a tool to ensure that admitted and non-admitted patients are seen and treated within the 18 week pathway.
- Waiting time reports will be produced regularly to show progress on the 18 weeks target and “hotspots” will be highlighted at Directorate Performance meetings and corrective action taken.

Regular PTL meetings may be required to address key problem areas.

3.9 Demand and Capacity

The PCT will commission sufficient capacity to meet local demand and achieve the 18 weeks milestones.
To help achieve the 18-week pathway the Health Economy’s Care Planning Programme will develop strategies to manage demand and redesign pathways.

The Provider will identify potential for internal efficiency gains by reviewing its clinical pathways.

A Local Health Economy approved demand and capacity model will be used by Providers to ensure delivery of the 18 weeks milestones.

Where variances exist between capacity and demand, action plans will be developed by Providers and shared with NHS Worcestershire.

The Provider will establish and maintain adequate clinics and theatre sessions to meet the contracted levels of activity. The demand and capacity model is the accepted method for regularly undertaking this exercise.

3.10 Management of Outpatient Clinics and theatre sessions

• In collaboration with clinical teams, outpatient/theatre clinic rules and capacity will be authorised by the Directorate Manager and only changed with their prior approval.
• Outpatient rules will be based on an efficient ratio of new and follow-up appointments benchmarked against productivity metrics data.
• Directorates will regularly review new to follow up ratios to ensure they are in line with contractual requirements (based on NHS comparators).
• Multiple queues (or carve-out) within each Consultant’s clinics/theatre sessions will be minimised.
• Adequate pre-operative assessment clinics will be established to allow for early pre-operative assessment to ensure 18 week pathway is achieved.

3.11 War pensioners / Armed Forces Veterans fast track access

• Veterans who are not in receipt of a war pension, but who have a medical condition related to their armed forces service, are entitled to priority treatment. Previously, only veterans with war pensions were eligible.
• Priority treatment only applies to conditions that are related to service, and will not allow veterans to take precedence over civilian patients with more urgent clinical need.

• Priority will not be given for unrelated conditions.

3.12 Private Patients and overseas visitors

• Private and overseas patients must be administered and treated according to the private / overseas patients’ process and national requirements.

• All private and overseas patients must be communicated to the Private Patients officer in order to ensure appropriate income is secured.

3.13 Clinical pathways

• The providers, PCT, Social Care, West Midlands Ambulance Service (WMAS) and the voluntary sector will work in partnership to design and develop services which meet the needs of the population of Worcestershire. The aim is to deliver the right care in the right place at the right time, based on the principle that care will be delivered at home or as close to home as possible.

• When an acute episode of care is complete but ongoing treatment, rehabilitation and support still required, the multidisciplinary team will discuss and plan, with the patient and their family, timely discharge with appropriate services.

• Weekly, effective review processes will be maintained to ensure that complex discharges are progressed in a timely manner with input from senior managers from Providers, social care and the PCT. The aim is to reduce lengths of stay, minimise the inappropriate use of hospital beds and assist the Trust in achieving its targets.

• Wherever appropriate, measures will be taken to enable post operative follow up of patients to take place in a primary care setting, enabling maximum efficiency in terms of outpatient appointments (e.g. reducing the new to follow-up ratio). For uncomplicated surgery, planned outpatient follow up in the acute setting may not be necessary providing high quality information is available for patients and GPs.

3.14 Performance Management procedures
• The Provider is required to maintain accurate and up to date waiting list and Referral to Treatment positions for its patients.

• The Provider is required to make information pertaining to waiting lists, RTT and activity available as required.

• Inpatient, outpatient and diagnostic minimum data sets are submitted weekly, monthly or bi-annually according to national requirements.

• PCTs are routinely sent information via secondary uses services (SUS) about patients referred to the provider for care and details of their diagnosis, RTT and length of stays.

• Detailed information of the RTT waiting list times and daycase rates are posted monthly to NHS choices.

• The PCT will performance manage the Provider in accordance with the NHS National Contract.

• The Provider will ensure that the patient information being provided is of the highest quality, the Trust validates its information to ensure that a minimum of 95% of all patient records include:
  
  ➢ NHS number
  ➢ Postcode
  ➢ Registered GP code
  ➢ A specialty code
  ➢ Date of Birth
  ➢ Sex
  ➢ Primary Diagnosis
  ➢ Ethnic origin

4 Responsibility and Duties

• All staff are responsible for adhering to the policy where is related to their role.

• NHS Worcestershire is responsible for communicating the policy and implementing the policy with GP surgeries within Worcestershire.

• Secondary Care Executive team and the Provider Services Executive Team are responsible for communicating the policy and ensuring adherence.

5 Implications of non adherence
Clinical risk if patients are not treated within agreed timescales or according to the agreed clinical pathways.

Inefficient use of capacity, leading to delays in patient treatment.

Failure of national waiting times targets leading to financial risk and non-achievement of Health Care Commission standards.

Risk of reduction in referrals, leading to possible financial risk.

Incomplete or poor data quality leading to financial risk and risk of target failure.

Non compliance with the National Contract leading to financial penalty

6 Standards

Provider standards to be monitored:

- 100% of referrals prioritised within 7 working days (or removed from Outpatient waiting list if referral is not progressing to OP appointment
- 100% of referrals added to the outpatient waiting list within 7 working days
- 100% of patients added to the waiting list at time of decision to admit
- 100% of cancelled/reduced clinics for planned leave are communicated with 6 weeks notice
- 100% of patients receive three weeks notice of admission or appointment, unless urgent or late notice accepted by patient
- 100% of ward discharge summaries are sent to the Patient’s GP within 24 hours of discharge from the Provider Premises. Patients will be copied into all correspondence, ie discharge and clinic letters as per the standard detailed in the national contract.
- 100% of outpatient clinic letters are sent to the GP within a maximum of 7 working days from the date of clinic appointment
- 100% of inter-provider transfers have forms electronically completed correctly and sent within 48 hours of decision to refer
- 100% of internal referral requests for opinion or diagnostic investigations are sent within a maximum of 48 hours from decision to refer
- Choose and Book slot unavailability maintained at less than 0.03% each week
• 100% of all routine slots are available for Choose and Book access.
• 100% of clinic appointments have an outcome which includes an update of the RTT status.

PCT standards to be monitored

• 100% of referrals contain the agreed minimum data set for referrals sent to Provider organisation (MDS may change as requirements develop).
• 100% of referrals are made within a maximum of 2 working days from decision to refer.
• 90% of referrals are made via Choose and Book.
• 100% of patients requiring referral to secondary care are offered choice.

7 Monitoring

Monitoring adherence will be part of the regular performance monitoring processes within the Executive team

Monitoring reports will be provided bi-annually to the executive team and an action plan agreed to address problem areas. The PCT will be provided with a copy of the report in order that issues pertinent to Primary Care are identified and solutions agreed and implemented.

Competency checks will be carried out as part of monitoring adherence.

8 Exceptions

Non-elective care is not within the scope of the policy.

9 Consultation

Consultation took place with all clinical leads and Directorate leads within the Provider Trust.

Consultation took place with commissioning leads and LMC.

10 Approval process

Executive approval is required from the PCT and Provider organisations.

11 Implementation arrangements
Implementation will be supported by documented processes.

Implementation of the administrative processes will be co-ordinated from the central administration improvement team.

Implementation of the clinical processes will be the responsibility of the Directorate Management team and Clinical Directors

12 Dissemination process

The policy will be disseminated via the Trust / PCT.

The policy is available via the intranet and extranet (for staff) and the Worcestershire Health website (for patients and their representatives)

13 Training and awareness

Processes will be documented to support the policy and will be available via the intranet

Training will be provided by the central administration improvement team

A summary of the key policy areas will be provided within the junior doctor’s handbook.

Clinical, Managerial and administration staff all requires training.

Annual update sessions will be provided for all staff to attend.

14 Development of the Policy

The policy will continue to develop as 18 week and Choose and Book rules progress.

15 Useful National Guidelines Web Links

www.nhs.uk
www.18weeks.nhs.uk
Freedom of Information Act 2000
Data Protection Act 1998
Information on Caldicott Guardians
Patient Confidentiality

The GFOCW is an evolving document, subject to being redefined by the Department Of Health; NHS Worcestershire will work with WHAT
to amend this document as and when required, as a result of regional or national guidance.

16 Appendices:  Appendix 1 – contact information
                Appendix 2 – definitions
APPENDIX 1

Where to go for advice on the Patient Access Policy

Acute Trust staff –
If you have a question about the policy or would like some support or policy / procedure training, the Access and Admin Improvement team are here to help. The team will also offer advice if you have a scenario that does not clearly fit with the Policy or where you feel that the circumstances warrant an exception to the policy.

Please note that this team are not responsible for OASIS training – contact Bridget Wakeman for OASIS training

Please find below a list of names and numbers

Admin Improvement Team:
Eighteen.weeks@worcsacute.nhs.uk ext 33183
Pam Murray, Private Patients and overseas visitors ext 33972

Any enquiries / review of policy contents:
Sabrina Motte, Waiting List Manager Ext 33978
Heather Warner, Head of Access / administration / Improvement ext 33865

Data Definitions:
Helen Nicholls, Head of Information ext 33631

PCT Provider Services, PCT and GP staff:
Chris Emerson, Head of Acute and Specialist Commissioning (18 week lead)
Fay Harrison, Demand and Capacity Manager (CaB lead)
Mick Mather
APPENDIX 2

DEFINITIONS

Choose and Book
A National system allowing referrals to be electronically sent and an appointment booked by the referrer at the time of decision to refer

UBRN (Unique Booking Reference Number)
The reference number that a patient receives on their appointment request letter when generated by the referrer through Choose and Book. The UBRN is used in conjunction with the patient password to make or change an appointment.

Fully Booked Patients
Patients awaiting elective admission who have agreed an admission date which was arranged at decision to admit. These patients form part of the active waiting list.

Partially Booked Patients
Patients who will be provided with the opportunity to agree a decision to admit date with a minimum of three weeks notice. These patients form part of the active waiting list.

Planned Admissions
Patients who are admitted as part of a planned sequence of treatment or investigation. They have or may not have agreed a firm date.

PTL (Patient Tracking List)
List of patients awaiting treatment in long wait order which identifies RTT 18 week date

Outpatients
Patients referred by a GP, Consultant or other appropriate professional (e.g. education, social services, dental) for clinical advice.

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

Elective Day cases
Patients who require admission to the Hospital for treatment and will need use of a bed for recovery purposes but who are not intended to stay in hospital overnight.

Outpatient Plus Procedure
A procedure that requires using a bed, couch or trolley because of the active intervention rather than because of the patient’s condition (the bed should not be counted as a bed for statistical reasons and the activity cannot be counted as an admission). Such patients will not form part of the active waiting list unless this is a direct access outpatient appointment and will therefore form part of the outpatient waiting list.
DNA (Did not attend)
Patients who have agreed their admission date (inpatients or daycases) or appointment date (outpatients) and who without notifying the hospital did not attend for admission/ OP appointment.

18-week RTT (Referral to treatment Period)
The part of a patient’s care following initial referral, which initiates a clock start, leading up to the start of first definitive treatment or other 18 week clock stop point.

Active monitoring
A period of monitoring in secondary care without clinical intervention or diagnostic procedures at that stage.

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

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

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

Clock pause
The act of pausing a patients’ 18-week 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

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.

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.
Symptom specific suggestions for first definitive treatments can be found in the 18-week commissioning pathways available from www.18weeks.nhs.uk

Non-admitted pathway
A pathway that results in a clock stop for treatment that does not require an admission or for ‘non-treatment’
Reasonable offer
A reasonable offer is an offer of a time and date for an appointment/admission that is three or more weeks from the time that the offer was made.

Therapy or Healthcare science intervention
Where a consultant-led or interface service decides that Therapy (for example physiotherapy, speech and language therapy, podiatry, counselling) or healthcare science (e.g. hearing aid fitting) is the best way to manage the patient’s disease, condition or injury and avoid further interventions;

Breast 2ww
GP suspect cancer

Breast symptom 2ww
GP or other relevant health care professional is referring the patient with breast symptoms but does not suspect cancer
Equality Impact Assessment Report Template

Your Equality Impact Assessment Report should demonstrate what you do (or will do) to make sure that your function/policy is accessible to different people and communities, not just that it can, in theory, be used by anyone.

1. Name of policy or function

2. Responsible Manager

3. Date EIA completed

Description of aims of function/policy. To provide guidelines to patients and clinicians in both primary and secondary care on the medical/clinical requirements against which aesthetic procedures/interventions will be funded on the NHS within Worcestershire.

4. Brief summary of research and relevant data

Not Applicable

Methods and outcomes of consultation

Not Applicable

Results of Initial Screening or Full Equality Impact Assessment

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7. Decisions and or recommendations (including supporting rationale) - 
   **Not Applicable**

8. Equality action plan (if required) - **Not Applicable**

9. Monitoring and review arrangements (include date of next full review) – see front sheet

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Local Health Economy Patient Access Policy

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Issue No. Version 1

Implementation Date: June 2010