

<b>DOCUMENT CONTROL PAGE</b>	
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Minor Amendment	Date October 2015  Notified To Anthony Middleton <span style="float: right;">Date 19/10/2015</span>  Summary of amendments – Minor changes to RTT guidance on cancellations and DNAs Deletion of adjustment for cancelled cancer treatments.
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<b>Section</b>	<b>Contents</b>	<b>Page</b>
1	<a href="#">Introduction</a>	3
2	<a href="#">Purpose</a>	3
3	<a href="#">Roles and Responsibilities</a>	3
4	<a href="#">Using the Policy</a>	3
5	<a href="#">Access Targets</a>	5
6	<a href="#">PMI</a>	7
7	<a href="#">Entitlement to NHS Treatment</a>	8
8	<a href="#">RTT</a>	8
9	<a href="#">Choose &amp; Book</a>	19
10	<a href="#">Outpatients</a>	20
11	<a href="#">Elective Waiting Lists</a>	23
12	<a href="#">Elective Inpatients</a>	28
13	<a href="#">Diagnostics</a>	30
14	<a href="#">Cancer</a>	32
15	<a href="#">Cancelled Operations</a>	35
16	<a href="#">Equality Impact Assessment</a>	35
17	<a href="#">Consultation, Approval and Ratification Process</a>	36
18	<a href="#">Dissemination and Implementation</a>	36
19	<a href="#">Monitoring Compliance of Procedural Documents</a>	36
20	<a href="#">References and Bibliography</a>	36
21	<a href="#">Associated Trust Documents / Useful contacts</a>	37
22	<a href="#">Glossary</a>	38
23	<a href="#">Action Cards</a>	45

## **1 Introduction**

Central Manchester University Hospitals NHS Foundation Trust is committed to providing an exemplary standard of patient access as is required and expected of a modern and efficient NHS service provider. The Trust is committed to reducing waiting times, offering quick and reliable access to services and to providing patient choice. The Trust will ensure that the management of patient access to services is transparent, fair, equitable, and managed according to clinical priority.

Whilst this policy provides guidance on Patient Access Management, each patient will be treated on the appropriate clinical pathway for their condition and this should be clearly communicated to the patient.

It is recognised that reliable information is vital to the success of the NHS where every decision, because they all impact ultimately on patient care, should be an informed evidence based decision. Our evidence - about the people we serve, their health and healthcare needs, depends on the availability of complete, accurate, relevant and timely data.

To enable the standardisation of patient management within the Trust, it is important that patient access procedures are consistent across Divisions and hospital sites, ensuring that we meet the standards for patient care. We must all be clear about the importance of both maintaining data standards and the uses to which data will be put, from caring for patients to accounting for the services we provide.

## **2 Purpose**

The aim of the policy is to ensure that national guidance and good practice is followed to ensure that patients are treated promptly, efficiently and consistently. The Action Cards describe the processes and procedures for staff to follow to ensure consistency across the Trust.

## **3 Roles and Responsibilities**

This policy is primarily managed corporately, through the Chief Operating Officer and within each Division through the Divisional Directors. Within each Division the policy will be managed by the Directorate Managers and Operational teams.

Roles and responsibilities should be reviewed in response to changes in business processes or national standards.

## **4 Using the Policy**

The Patient Access Policy is intended as a user-friendly guide to patient management. The main section describes the protocols for treating patients, data required, and the timescales for collection and recording and the Action Cards provide further detail on the procedure for carrying out these events. Key elements covered by the policy are:

- National and Local Targets around patient access (DoH and Monitor)
- National rules and local management of key targets (RTT, Cancer, Diagnostics) :
  - o DNA and Cancellation policies
  - o Exceptions to the targets

- Reasonableness and Patient Choice
- Local standards for data recording :
  - Patient registration
  - Recording activity

Whilst the policy can be read as one whole document it is deliberately designed to enable quick access to the topic of choice for users. Each section is linked from the Contents page so users can go direct to that section and where an applicable action card is mentioned there is a link to the action card itself.

EG, to go direct to RTT section click on RTT link

Section	Contents	Page
1	<a href="#">Introduction</a>	3
2	<a href="#">Purpose</a>	3
3	<a href="#">Roles and Responsibilities</a>	3
4	<a href="#">Access Targets</a>	4
5	<a href="#">PMI</a>	6
6	<a href="#">Entitlement to NHS Treatment</a>	7
7	<a href="#">RTT</a>	7

Within your section, click on Action Card link to go direct to the Action Card

- already form part of that patient's agreed care plan;
- For external referrals
  - Upon a patient being re-referred in to a consultant-led, interface; or referral management or assessment service as a new referral;
  - When a decision to treat is made following a period of active monitoring;
  - When a patient rebooks their appointment following a first appointment DNA that stopped and nullified their earlier clock.

#### 7.2.2 Clock Pauses

A clock may be paused only where a decision to admit for treatment has been made, and the patient has declined at least two 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 patient makes their self available again for admission for treatment (see [Action Card RTT Pause](#)).

#### 7.2.3 Clock Stops

- Clock Stops for Treatment:

A clock stops when:

- a) First definitive treatment starts. This could be:
  - i) Treatment provided by an interface service

## **5 Access Targets**

### **5.1 National**

#### **Referral to Treatment – (RTT)**

95% of non-admitted patients will not wait longer than 18 weeks from initial referral to first treatment.

90% of admitted patients will not wait longer than 18 weeks from initial referral to first treatment.

92% of patients on an open pathway will have waited for less than 18 weeks from initial referral

95% of direct access audiology patients will not wait longer than 18 weeks from initial referral to first treatment (or other “clock stop” events).

#### **Diagnostics**

99% of diagnostic tests to be undertaken within 6 Weeks

#### **Cancer**

The waiting times service standards are:

a) Maximum 2 weeks from:

- Urgent GP/GDP referral for suspected cancer to first outpatient attendance. (Operational standard of 93%)
- Referral of any patient with breast symptoms (where cancer not suspected) to first hospital assessment. (Operational standard 93%)

b) Maximum 31 days from:

- Decision to treat to first definitive treatment, (operational standard of 93%).
- Maximum 31 days from urgent referral to first treatment for children’s cancer, testicular cancer, and acute leukaemia. (No separate operational standard – monitored within 62 day standard.
- Decision to treat/earliest clinically appropriate date to start of second or subsequent treatment(s) for all cancers including those diagnosed with a recurrence where subsequent treatment is:

1. Surgery (operational standard of 94%)
2. Drug Treatment (operational standard 98%)
3. Radiotherapy (operational standard 94%)

c) Maximum 62 days from:

- Urgent GP/GDP referral for suspected cancer to first treatment (62 day classic), (operational standard 85%)
- Urgent referral from NHS Cancer Screening Programmes (breast, cervical and bowel) for suspected cancer to first treatment. (Operational standard of 90%).

- Consultant upgrade to 62 day pathway to first treatment (Monitor Standard 85%).

## Accident and Emergency

95% of patients should be seen within 4 Hours of their arrival to the Accident and Emergency Department.

100% of patients must be admitted to a ward within 12 hours of a bed being requested.

## 5.2 Local Access Targets

Where possible the 13 week outpatient waiting time, 6 week diagnostic waiting time and 26 week day case / inpatient waiting time will be adhered to for patients outside of 18 weeks.

All admitted patients who wait longer than 18 weeks (126 days) from referral to treatment, should be treated within 26 weeks of their addition to the waiting list.

We will aim to see all urgent cancer referrals within 7 days of being referred into the Trust.

## 5.3 Access Principles

- We are committed to delivering equality of opportunity for all staff and services users. Our aim is to ensure that everyone can use our services and we have a workplace that is free from discrimination and harassment. Click on link for [Trust Equality and Diversity Arrangements, including Translation and Interpretation Services](#)
- Patients should be fully informed about what to expect when accessing our acute services at CMFT.
- The 18 Week Patient Pathway does not replace other waiting times, targets or standards where these are shorter than 18 weeks (126 days). This includes waiting times for patients with suspected cancer.
- The Trust will operate 3 clinical priorities for outpatients: 2 Week Wait (2WW); Urgent (within 6 weeks); Routine. Appointments will be booked according to clinical priority.
- Users will maintain waiting lists on trust systems in a timely manner to ensure that waiting times are correctly calculated in accordance with the this policy.
- The Trust and CCG will work together to ensure all referrals are appropriate.
- Where appropriate the policies are applied to all patient activity including procedures and diagnostics.
- To ensure that waiting lists are managed effectively all staff will have a clear understanding of their roles, responsibilities and procedures.
- The administration and management of elective waiting lists will be consistent, easily understood and patient focused
- Data held will be subject to regular audit and validation.
- The primary tool used for validation purposes will be that of the Patient Tracking List (PTL). The PTL will assist the Trust / Divisions in highlighting capacity shortfalls and identifying remedial action in order that waiting times are achieved.

## 6 PMI (Patient Master Index)

### 6.1 Introduction

Effective delivery of healthcare depends on identifying all records that exist for a single patient. The initial patient registration is the linchpin for all other components of Patient administration systems and clinical information systems.

Duplicate registrations on the Patient Administration Systems and associated local systems are an ongoing problem and can result in clinical risk if patients have more than one 'system' number and duplicate sets of case notes. ([Action Card Patient Searching](#))

Another area of clinical risk is missing information from patient registrations, for example, the patient's full name and address, patient's GP, telephone number etc. All of these are vital for all patients. If a patient needs to be contacted urgently accurate up to date information is essential. ([Action Card Registration Data items](#), [Action Card Guide to Patient Visits](#))

### 6.2 Patient Identifiers

The trust will work towards the principle of having one unique identifier per patient. This will be a locally defined number and will be used in conjunction with the NHS Number. To this end the trust is developing its own Patient Master Index (PMI) to sit across all sites within the trust which will hold one unique locally derived number for each patient plus the NHS Number where available. The trust is committed to maximising NHS Number coverage and using it wherever possible, including it in all correspondence ([Action Card Spine](#))

Whilst the cross site PMI is developed the following Numbers will be in use:

#### Central Site

District Number - Unique Number for all Central Site patients  
Case note Number - Clinical record number used operationally ([Action Card 4 Case note Tracking](#))

#### Trafford Site

EPMI Number - Unique Number for all Trafford Site patients used operationally

### 6.3 Data Entry Standards

Maintaining an accurate Patient Master Index (PMI) on the trust systems requires a robust process of patient searching, patient tracing and patient matching. The trust Patient Searching and Matching procedure ([Action Card Patient Searching](#)) details the principles to follow when searching for patients and is the basis upon which patient details can be matched to identify the same patient. This will be used when registering patients on trust systems, identifying duplicate patients for merging, manual searching for NHS Numbers or dealing with queries regarding the registration or NHS Number status of patients.

### 6.4 Monitoring

The patient's demographic data, including ethnicity, NHS number and GP coverage will be monitored in line with the Trust's Information Governance Strategy.

The Data Quality Department will utilise the systems available to them to maximise the recording and validation of the NHS number.

Regular audit of data against patient records will be undertaken as part of the Information Quality Toolkit.

Each Division in the trust is responsible for its own data and each information asset owner has responsibility for the quality of data held in the information asset.

Individual Responsibilities - within each division all staff have their own personal responsibility for their own data quality in the work they undertake. Where data quality forms a key part of a role this must be clearly stated in the job description.

## **7 Entitlement to NHS treatment**

Every effort must be made to ensure the patient is entitled to NHS treatment.

The Trust has a legal obligation to identify patients who are not eligible for free NHS treatment. The National Health Service provides healthcare for people who live in the United Kingdom. People who do not normally live in this country are not automatically entitled to use the NHS free of charge – regardless of their nationality, whether they hold a British Passport or have lived and paid National Insurance contributions and taxes in this country in the past.

It should be noted, however, that all patients regardless of whether they are entitled to NHS treatment are entitled to emergency treatment in A&E. After the initial attendance the treatment would become chargeable.

All NHS Trusts have *legal obligations* to:

- Ensure that patients who are not ordinarily resident in the UK are identified.
- Assess liability for charges in accordance with Department of Health Overseas Visitors Regulations (see Chargeable Patients Policy for further guidance)
- Charge those liable to pay in accordance with Department of Health Overseas Visitors Regulations (see Chargeable Patients Policy for further guidance)

The Equality Act 2010 prohibits discrimination against a person on any ground such as race, colour, language or religion. The way to avoid accusations of discrimination is to ensure that services are provided flexibly to meet the needs of all individuals. The Trust also takes into consideration their responsibilities under the Human Rights Act 1998 when providing services.

UK cross border patients, i.e. patients from Scotland and Northern Ireland can normally be treated as part of the NHS but would require the Contracts Office to obtain prior approval for their treatment, i.e. they should not be treated until this has been sought unless their treatment is classed as an emergency. For patients from Wales we do have a contract for their patients to be treated, however, where this is high cost in-patient treatment the Contracts Office should be contacted to obtain approval.

[Action Card Overseas Visitors Procedure](#)  
[Action Card Overseas Visitors Flowchart](#)

## **8 RTT**

### **8.1 Key Elements of RTT:**

The Trust will manage all elective patients in line with the national RTT rules as follows.

- All patients will be managed according to their clinical urgency, and within the 18 week Referral to treatment (RTT) standard.
- An admitted pathway means that the patient requires admission to hospital, as either a day case, a diagnostic or an inpatient, to receive their first definitive treatment
- A non-admitted pathway means that the patient does not require admission to hospital to receive their first definitive treatment, i.e. that treatment is given or prescribed in outpatients.
- From the end of December 2008 95% of non-admitted and 90% of admitted patients will have to be treated within the 18 week standard.
- The 5% of non-admitted patients and 10% of admitted patients who do not achieve this standard may have very complex diagnostic or treatment pathways or choose to wait longer than 18 weeks (126 days).
- Patients will be managed and measured on a non-admitted pathway until the point at which they require admission for treatment as either a day case or inpatient, at which point they are included in the admitted target.
- The 18 week clock starts on the date that a referral is received by the Trust; this is the start of an 18 week clock for that patient. That clock then continues to tick until either the first definitive treatment is given, or another event occurs which can stop the clock.
- An 18 week clock can also start at another healthcare provider and then the patient can be transferred to the Trust, where the clock continues to tick from the original start date.
- An RTT pathway can be started by a large number of referrers when they refer into a Consultant-led service. The following can all start 18 week clocks for patients: GPs; GDPs; GP with special interest, Optometrists, GUM services, A&E, Walk in Centre; National Screening Programmes; Prison Health Services; and specialist nurses and Allied Health Professionals who have CCG authorisation to refer directly to Consultants.
- For patients who are referred using Choose and Book, the 18 week clock starts on the date on which the patient activates their referral (converts their Unique Booking Reference Number, or UBRN). For patients referred on paper the 18 week clock starts on the date the referral is received by the Trust.
- Where a referral goes initially to a Referral Management Service (RMS) the 18 week clock starts on the date on which the RMS receives the referral.
- Each step along the patient's pathway (outpatient appointment, diagnostic appointment, pre-assessment, admission, discharge, any decision by the patient or clinician to delay further treatment at any stage) must be recorded on the trust system as either a clock start, ongoing activity of an already ticking clock, a clock stop, or as activity which is not part of an 18 week pathway.
- Patients may have more than one 18 week RTT waiting time ticking simultaneously if they have been referred to and are under the care of more than one clinician at any point in time. Each 18 week pathway has to be measured and monitored separately and will have a unique pathway ID number on the trust system.

## 8.2 Management of RTT Pathways

### 8.2.1 Clock Starts

- A waiting time clock starts when the trust receives a referral into:
  - 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.
- A waiting time 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 permitted to do so.
- Upon completion of a consultant-led referral to treatment period, a new waiting time clock only starts:
  - When a patient becomes fit and ready for the second of a consultant-led bilateral procedure;
  - Upon the decision to start a substantively new or different treatment that does not already form part of that patient's agreed care plan;
  - For external referrals
  - Upon a patient being re-referred in to a consultant-led; interface; or referral management or assessment service as a new referral;
  - When a decision to treat is made following a period of active monitoring;
  - When a patient rebooks their appointment following a first appointment DNA that stopped and nullified their earlier clock.

### 8.2.2 Clock Pauses

A clock may be paused only where a decision to admit for treatment has been made, and the patient has declined at least two 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 patient makes their self available again for admission for treatment (see [Action Card RTT Pause](#)).

From October 2015, this Trust will no longer report on patient pauses as specified by the national return.

### 8.2.3 Clock Stops

- Clock Stops for Treatment:

A clock stops when:

- a) First definitive treatment starts. This could be:

- i) Treatment provided by an interface service
- ii) Treatment provided by a consultant-led service
- iii) Therapy or healthcare science intervention provided in secondary care or at an interface service, if this is what the consultant-led or interface service decides is the best way to manage the patient's disease, condition or injury and avoid further interventions;

b) A clinical decision is made and has been communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay, to add a patient to a transplant list. Clock stops for 'non-treatment'

c) A clock stop is when a clinical decision is made that treatment is not required or when first definitive treatment begins. First definitive treatment can be described as the start of the first treatment that is intended to manage a person's disease, condition or injury. This can occur in either an Outpatient or Inpatient setting.

See Action Card 21, ([example of a Specialty Pathway](#))

- Clock Stops for Non Treatment:

A waiting time clock stops when it is communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay that:

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

b) A clinical decision is made to start a period of active monitoring

c) A patient declines treatment having been offered it;

d) A clinical decision is made not to treat;

e) A patient DNA's (does not attend) their first appointment following the initial referral that started their waiting time clock, provided that the provider can demonstrate that the appointment was clearly communicated to the patient;

f) A patient DNA's any other appointment and is subsequently discharged back to the care of their GP provided that:

- i) The provider can demonstrate that the appointment was clearly communicated to the patient;

- ii) Discharging the patient is not contrary to their best clinical interests;

- iii) Discharging the patient is carried out according to local, publicly available/published, policies on DNA's.

- iv) The local policies are clearly defined and specifically protect the clinical interests of vulnerable patients (e.g. children) and are agreed with clinicians, commissioners, patients and other relevant stakeholders.

#### **8.2.4 Activity within an 18 week RTT period which does not stop the clock**

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

#### **8.2.5 Transfer to another healthcare provider**

If a patient is referred from one provider to another as part of their RTT period, their 18 week clock should keep ticking. The originating provider should ensure that the patient's initial RTT clock start date forms part of the onward referral information. In some instance these patients will be returning to the originating Trust with the clock continuing to tick. See Action Card 18, ([Transferring a Patient to another Provider](#)).

#### **8.2.6 Internal Transfer**

If a patient is referred onto another specialty within the Trust, the originating specialty/department should ensure that the patient's initial RTT clock start date forms part of the onward referral information.

#### **8.2.7 Start of a period of active monitoring/watchful waiting**

This is where it is clinically appropriate to monitor the patient in secondary care without clinical intervention or further diagnostic procedures, or where a patient wishes to continue to be reviewed as an outpatient, or have an open appointment, without progressing to more invasive treatment. Active monitoring (watchful waiting) can be initiated by either the patient or the clinician. The start of a period of active monitoring stops the RTT waiting time.

A new clock will then start from zero weeks wait at the end of the active monitoring period. When first definitive treatment is then given, this second clock is stopped. This may happen in outpatients (for patients on a non-admitted pathway) or on admission for surgery or medical treatment (for patients on an admitted pathway). See Action Card 7, ([Active Monitoring](#)).

#### **8.2.8 Referrals from Other Trusts/Providers**

When referrals are received from external providers where the patient has already received their first treatment for the referring condition the patient will be assessed. A new RTT clock will start upon the decision to treat.

#### **8.2.9 Patient Booking**

Appointments/admissions/diagnostic tests will be arranged in 3 ways:

- **Partial Booking** – A booking system where the referral is acknowledged with a letter to the patient and the patient is placed on a waiting list. Patients are contacted in turn, by letter, requesting them to contact the Trust to arrange their appointment.
- **Full Booking** – The patient is given a choice of when they are seen and the appointment is made within one day of the decision to refer.
- **No Patient Choice** – The patient is given no choice on when they will be seen.

#### **8.2.10 Reasonable Offers**

- For a written offer for an appointment, admission or diagnostic test to be deemed reasonable, the patient must be offered the date with a minimum of three weeks notice.

- For a verbal offer to be deemed reasonable, the patient must be given a minimum of three weeks notice and offered a minimum of two appointments on different dates.
- Where patients are offered a date with less than 3 weeks' notice, it should be made clear to them that they may decline the offer.
- Where a patient refuses a TCI Date or appointment date, offers with less than 3 weeks' notice, must be recorded as a hospital cancellation and not a patient cancellation.
- If a patient accepts an offer with less than 3 weeks' notice and then subsequently cancels the appointment or DNA's, this is recorded as a patient cancellation/DNA. See Action Card 14 – ([Reasonable Notice](#))

### 8.2.11 Recording Patient Choice

- Before telephoning the patient to offer a date the member of staff needs to have available a minimum of two dates within the maximum waiting time guarantee.
- Both dates need to give the patient at least 3 weeks' notice.
- If the patient refuses both dates, the 1<sup>st</sup> date offered needs to be recorded on the system and cancelled as a patient cancellation. The 2<sup>nd</sup> date should be recorded in the comments field and in the casenotes.
- If the patient wants to wait longer than the 18 weeks waiting period from the date of the conversation, a clinical decision should be made on whether the patient should be:
  - Recorded as a watchful wait, patient choice 31A. Re-start pathway when patient is available using a P3 code.
  - If the patient has not already had their pre-op appointment, this should be booked when they are available and a new pathway will start if the patient is confirmed fit and available for surgery.
  - Re-refer back to the GP / referrer if appropriate.

### 8.2.12 DNA

- First Appointment

Any patient who did not attend their first appointment after initial referral will have their clock nullified and their referral will be returned to the GP (or other referrer). If the patient is re-referred a new clock will commence.

- Follow Up Appointment

If a patient DNAs a follow up appointment along the pathway they will be managed according to the service taking into account any safeguarding factors. In some cases patients will be automatically discharged and others will be reviewed by the relevant clinician as to whether or not it is appropriate to offer another appointment.

Exceptions to this are:

If the first appointment takes place outside the trust, then this rule will not apply to any appointment on Central Manchester University NHS Foundation Trust part of the journey.

Please refer to local DNA policy.

The appointment offer needs to have met the criteria for 'Reasonable Offers' and have been clearly communicated to the patient.

1. Cancer and suspected cancer patients will be offered another appointment (see Cancer Section)
2. Vulnerable patients will be offered another appointment
3. Children and Young People (including the unborn child, ie, ante-natal services) who cannot attend:
  - Under 18 week rules Children and Young People referred into the Trust should be available and fit to have their treatment. In situations where either the carer / Child or Young People do not wish to be seen in outpatient within an allocated timeframe of referral they should be discharged back to their GP once it has been assessed as appropriate action by the Consultant as they cannot be suspended from the waiting list.

The Consultant will be responsible for determining that no safeguarding issues are affected before returning the referral to the GP. Any referral returned to the GP can be re-referred when the carer/child is available to be seen.

Click on link for policy – [Children and Young People Missed Appointment Policy](#)

- Admission

If a patient DNA's an admission or Pre-op assessment appointment, he or she will either be removed from the waiting list and returned to the care of the GP, or removed from the waiting list on a stopped clock and offered another appointment depending on the clinical needs of the patient.

Children will be reviewed by the consultant to determine future management of their condition and in addition to the above may continue on their original pathway if deemed clinically appropriate.

1. Cancer and suspected cancer patients will be offered another date
2. Vulnerable patients will be offered another date

In order to maintain and manage our waiting list, each Division must make sure that the following are in place:

1. The patient has been made a reasonable offer
2. There are processes in place to make it simple and easy for patients to cancel or reschedule their appointments or admissions or to notify last-minute problems (e.g. transport not arriving)
3. It has been made clear to the patient through any verbal and all written communication about the appointment/admission that the patient will be returned to the care of the GP if he or she DNA's.
4. All and any cases where the patient, GP or other referrer believes that this was not a true DNA will be investigated and that the patient should be reinstated if appropriate. Any complaints will be dealt with in line with the trust complaints procedure.

### **8.2.13 Patient Cancellations**

Providing treatment within the maximum waiting time (18 weeks) can be compromised if patients do not attend for their appointments and admissions. Patients therefore have an obligation to keep appointments and the trust has an obligation to ensure offers for appointments and admissions are given reasonable notice. Provided reasonable notice has been given the RTT pathway will be reset to zero wait if a patient DNAs or cancels 2 appointments along the pathway, provided it is clinically appropriate to do so. Patients accessing the Clinical Genetics service will be reset following one

patient cancellation or DNA, i.e. if a patient agrees a date or has been given reasonable notice and then cancels it, their pathway will be reset to zero wait, again, provided it is in the clinical interests of the patient.

As with the DNA policy, children and young people (including ante-natal services) will be managed in conjunction with the [Children and Young People Missed Appointment Policy](#).

#### 8.2.14 Hospital Cancellations

- Clinics should not be cancelled or reduced within six weeks of the clinic date, except where there are exceptional circumstances.
- If cancellation is unavoidable, the consultant, with the appropriate Operational Manager / Directorate Manager, is responsible for arranging either cover or an additional clinic to replace the one lost, within a reasonable time-scale or manually re-scheduling the patients to other clinics / admissions.
- Patients should be given 3 weeks' notice of the new appointment.

#### 8.2.15 Patient Pause

A clock may be paused only where a decision to admit has been made for inpatient treatment, and, a) the patient has declined at least 2 reasonable appointment offers for admission for inpatient treatment\*; or b) the patient is unavailable for admission from the point at which the decision to admit is made (for example a patient who is a teacher who wishes to delay their admission until the summer holidays). This may mean that offering actual dates which meet the reasonableness criteria would be inappropriate because the patient would be being offered dates that the provider already knew they couldn't accept. In these circumstances, the clock should be paused from the date of the earliest reasonable admission date that the provider would have been able to offer the patient. The clock is paused for the duration of the time between the earliest reasonable offer and the date from which the patient makes their self available again for admission.

Adjustments cannot be applied for a diagnostic or other admission prior to the admission for first definitive treatment. If a patient cancels their appointment in advance, this has no effect on the RTT time. The 18 week clock should continue to tick and no adjustment should be made. However as part of the rebooking process, the patient should be offered alternative dates for admission. If at the rebooking stage the patient declines two or more reasonable offers, then the RTT clock can be paused. The clock is paused on the date of the earliest reasonable offer given as part of the rebooking process.

If a patient's clock is already paused (because they have previously declined two or more reasonable offers of admission for treatment) and the patient wishes to cancel their previously agreed admission date, then the patient's clock should still be paused and the start of the pause will remain unchanged (it will still be the earliest reasonable offer given as part of the original booking process). The end of the pause will be the new date that the patient states they are now available from. See Action card 5, ([RTT Patient Pause](#))

\*The offers should be on different days rather than two slots offered on the same day. Typically a pause will result when two verbal offers have been declined at the time of booking. If, however, the trust write to a patient with 3 weeks notice and the patient contacts saying they are unavailable they should be offered another date. If at this stage the patient either declines another admission date or makes it clear they are unavailable the written

offer will be considered the first reasonable offer and the pause will commence from this date.

### 8.2.16 Pre-existing Conditions

Where such instances mean that treatment cannot be started within the 18 weeks then this may constitute a clinical exception which is accounted for within the tolerance.

If however the patient would be unable to have treatment (eg surgery) for a significant length of time because they require prolonged treatment for another condition it may be appropriate to stop the clock to actively monitor their condition. In these cases a new clock would start when the patient is fit and ready to have treatment.

Stopping the clock for a period of active monitoring in these instances requires careful consideration on a case by case basis and its use needs to be consistent with the patients perception of their wait e.g. stopping the clock knowing that the patient will be ready for treatment in a couple of days/weeks would not make sense to a patient as they are likely to perceive their wait as one continuous period from the time of their initial referral e.g.

- A patient attends for pre-operative assessment and is found to have a chest infection for which they require a 5 day course of antibiotics prior to being fit for anaesthetic. In this instance it would not be appropriate initiate a period of active monitoring.

If however it has been made clear to the patient that one condition needs to be treated before the condition for which they were referred and that this is likely to take a significant period of time then they would be likely to perceive their waiting time for treatment of the initial condition to be from the point they were declared fit and ready to proceed e.g.

- If a patient requires cardiac surgery before they are fit to have an aortic aneurysm repaired but there was a clear need for the condition of the aneurysm to be monitored within a secondary care setting then it would be appropriate to initiate a period of active monitoring as it will be a minimum of three months before the aneurysm surgery can take place.
- If a patient is on the waiting list for a procedure and becomes pregnant it is likely that unless the initial condition were immediately life threatening then it would need to be delayed until after the birth and possibly longer. Again it would be acceptable to initiate a period of active monitoring if it was not clinically appropriate to discharge the patient back to the care of the GP.

### 8.2.17 Transplants

For all transplants regardless of type (organ, tissue etc) the 18 week clock starts when the patient is referred for formal transplant work up. This applies for either a cadaveric or live donor.

However, the 18 week clock stop is dependent on the source of the donated organ e.g. cadaveric or live (related or altruistic) donor.

- Cadaveric donor

It is recognised that there is often a significant period of time between the need for a transplant being identified and a suitable organ becoming available and these delays cannot be addressed through the 18 week target. Therefore, the clock stops when a clinical decision is made and communicated to the patient that they have been added to the waiting list for a transplant (RTT Code 34A – Decision not to Treat).

- Live donor (related or altruistic)

There are two points where a clock will stop for live donation:

- 1) When the patient has passed all tests for suitability to receive a potential live donor organ but they are waiting for a live donor to be “worked up” i.e. for cross matching etc the clock stops for “active monitoring”. A new 18 week clock starts when it is confirmed that the live donor is suitable and both are added to the waiting list for surgery.
- 2) When a patient is admitted for and has surgery to transplant a live donor organ.

More detailed guidance on Renal Transplants is available on the NHS 18 Weeks website at the following: <http://www.18weeks.nhs.uk/Content.aspx?path=/achieve-and-sustain/Specialty-focussed-areas/Renal>

### 8.2.18 Planned Patients

These fall into 2 categories:

- Bilateral Procedures

A bilateral procedure is a procedure that is performed on both sides of the body at matching anatomical sites. Examples include cataract removals and hip or knee replacements.

Consultant-led bilateral procedures are covered by 18 weeks with a separate clock for each procedure. The 18-week clock for the first consultant-led bilateral procedure will stop when the first procedure is carried out (or the date of admission for the first procedure if it is an inpatient/day case procedure). When the patient becomes fit and ready for the second consultant-led bilateral procedure, a new 18 week clock will start.

#### **\*Notes\***

We should record each episode as it happens which means they can have the appropriate elective Method of Admission of either WL or BL – neither will need to go down as planned. The second procedure should only be added to the trust system once the patient is fit and able to have it. Our reporting would then report 2 separate pathways.

- Other Planned Procedures

This means an appointment /procedure or series of appointments/ procedures as part of an agreed programme of care which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency. Planned activity is also sometimes called “surveillance”, “re-do” or “follow-up”. Examples include 6-month repeat colonoscopy following removal of a malignancy, tumour or polyp. Patients should only be included on planned waiting lists if there are clinical reasons why the patient cannot have the procedure or treatment until a specified time. Once the patient is clinically ready for treatment to commence, the patient should be transferred to the active waiting list and an 18 week clock should start.

In many of these cases the patient is planned because they have already had their First Treatment and so the planned activity will not be measured against 18 Weeks. There will be some patients, though, who are planned but waiting for their First Treatment, e.g. a child who can only have the procedure at a certain age. In these cases we should be measuring one RTT period up until the decision to treat and then another one when the patient is clinically ready to have their treatment.

See Action Card 9, ([Elective Planned](#))

## **8.3 RTT Exceptions**

### **8.3.1 Obstetrics**

Obstetrics patients are excluded from RTT monitoring as per the national rules. Patients will be seen as is required clinically. If, however, an obstetrics patient is referred to another specialty for an unrelated condition then this will be treated in line with RTT targets.

### **8.3.2 Dental Students**

Central Manchester University Hospitals NHS Trust provides a specialist dental service which includes training for student dentists who provide treatment which would otherwise be available from general dental practitioners. This activity is excluded from RTT monitoring as it arranged to coincide with student availability.

### **8.3.3 A&E (Emergency Admission)**

As per the national rules patients who attend A&E or are admitted in an emergency are excluded from RTT monitoring. If, however, they are referred on for a condition which was not treated as an emergency, then this would start a new RTT pathway.

### **8.3.4 Sickle Cell Disease and Thalassaemia Service**

This service is a Consultant lead community service with delivers quality care to patients and family members with Haemoglobin disorders such as sickle cell and thalassaemia. The service provides cascade genetic testing for family members for the conditions and promotes a greater understanding of how to manage this complex lifelong condition.

Through the testing route, the Trust identifies a potential patient and contacts them to ask them to come in. These are therefore not measured as part of the RTT target. The patients in question are not clinically unwell at the time of referral, but are offered the opportunity to attend the hospital for a review on the basis they may be identified as a carrier of the condition.

### **8.3.5 Dermatology Renal Transplant Reviews**

When patients undergo a renal transplant there can be an increased risk of developing a skin cancer. It is therefore beneficial for these patients to receive a 12 month follow up post-transplant within Dermatology for a skin review. This referral to Dermatology will be excluded from RTT. However, should a lesion be discovered at the review appointment, a new RTT pathway will be started.

## **9 Choose & Book**

### **9.1 Introduction**

Choose And Book (CAB) is a secure method of booking an appointment, which offers the patient a choice of date and time and which provides confidentiality. The referral letter is not

always available to the provider when the appointment is booked. The trust is committed to using CAB wherever possible and ensuring information is kept up to date to allow patients to make informed decision about where they wish to be referred.

## 9.2 The key elements of Choose & Book (CAB) are:

- Directory of Services (DOS)

For CAB to work efficiently for patients the Directory of Services (DOS) needs to be set up appropriately. This allows a GP to find trust services and facilitates the patient being booked into the appropriate clinic. If the DOS is unclear to the GP, then the patient will almost certainly end up in the wrong place and need to be rescheduled.

- Choice of provider

It is the patient's right during 2007/08 to be offered a choice of at least 4 providers by the GP at point of referral. CAB provides a means of handling this. The primary care menu available to the GP on the DOS is a list of the services commissioned by the CCG. The secondary care menu allows the patient to choose to go anywhere in the country that meets the standards

- Directly Bookable Services (DBS)

The patient can book on line either directly with the GP/referrer or via the Telephone Appointment Line (ASI) or via the internet, using a password and Unique Booking Reference Number (UBRN). The GP's choice of services determines the clinic slots that the patient can book into (eg cannot book into Orthopaedics if referred to Urology). The patient can also change or cancel the appointment on line through CAB.

## 9.3 Choose and Book Standards

- Updating Trust Systems

The relevant trust systems are updated automatically if booking or changing a referral through CAB. If the trust system is changed CAB must be updated.

- Checking for the referral

1. The CMFT Booking Service must check for the referral on missing referrals, which will not be available until the GP practice has added it to CAB.

1.1. If the referral is not added promptly, the Trust Booking Service (TBS) must contact the GP practice and request that it be added.

2. If the referral is to be printed off for the consultant to review, then it must be passed to the consultant as quickly as possible.

- Accepting the referral

Once the referral has been received, it must be accepted on CAB. If this is not done, it remains on the GP's work list even after the patient has been seen.

- Redirecting referrals

1. If the referral has been directed to an inappropriate consultant or sub-specialty, it must be redirected to the appropriate consultant immediately.
2. If CAB is used to update the referral the trust system will be automatically updated.
3. If the trust system is used to update the referral, CAB must be updated also.

Note: a GP referral that has been redirected from one consultant to a more appropriate colleague remains a GP referral. It does not become a consultant referral since the patient has not yet been seen and the start of the wait does not change.

- Rejecting referrals

1. A referral may be rejected under the following conditions:

Clinical decision that the patient does not need a specialist opinion

1.1. Rejected because of explicit exclusions set out in the DOS

2. CAB must be updated to show the referral has been rejected.
3. The patient must be advised that the referral has been returned and this should be monitored by the GP.

- Rescheduling appointments

Patients who have booked through CAB have by definition chosen their appointments to fit in with their other commitments. Rescheduling must be kept to an absolute minimum.

#### **9.4 Directory of Services Standards**

- The DOS will be revised in line with national guidance and in response to local needs.

### **10 Outpatients**

#### **10.1 Introduction and Aims**

The administration and management of Outpatient referrals, waiting list and appointments across the Trust must be consistent, easily understood, patient focused and responsive to clinical decision making. The trust aims to improve patient access to care on a 'whole systems' basis by establishing strong communication links between all key stakeholders involved in the administration and management of that process.

#### **10.2 Key principles**

- We will adhere to Local Targets unless superseded by National Targets.
- All urgent Cancer referrals received from GPs to refer are to be seen within 14, (although we will aim for 7 days) from the date of receipt of referral.
- All urgent referrals to the Rapid Access Chest Pain Clinic received within 24 hours are also to be seen within 14 days.

- All other outpatient referrals must be reviewed and prioritised by the clinician to whom the referral was made or his/her representative.
- Outpatient Referrals, appointments and waiting lists should be managed according to clinical priority and length of wait.
- Data held should be timely, accurate and complete.
- Data held should be subject to regular audit and validation.
- Communication with patients should be informative, clear and concise.
- The process of Outpatient waiting list management should be transparent to the public.
- Patients also have responsibilities, e.g. for keeping appointments, provided reasonable notice had been given or the date has been agreed on the telephone. To ensure hospitals are provided with the correct and up to date demographic details.

### **10.3 Referrals**

- Where clinical referral guidelines exist, they should be adhered to at all times. It is good practice that if a patient is referred outside of the guidelines, the referrer contacts the clinician being referred to.
- GPs should be encouraged to refer patients for generic procedures to the Dr with the shortest wait, in circumstances other than sub-specialisation or other exceptional circumstances. There will be no need for this with Choose and Book, where services are accessed at specialty level.
- If a patient is transferred from one consultant to another before being seen, the date of referral is the original referral received date.
- Referrals must only be accepted where the patient is available and able to be seen. If a patient is not available or is not fit enough to be seen within the maximum waiting time, the referral must be returned to the GP for re-referral at a more appropriate time.
- Referrals Received Via Choose and Book must be reviewed by the consultant or an appropriate delegated member of the team and the referral accepted, rejected or redirected.
- All other referrals should be registered on the trust system within two working days of receipt of referral. They should be prioritised and returned to the appropriate booking team for that speciality within seven working days.
- The date of referral should not be amended.
- Where possible, patients will be given a choice when booking their first appointment using either the fully booked or partially booked method.

Action Card17, ([Outpatient Registration and Appointment](#))

### **10.4 Other Urgent /Soon Referrals**

- Referring bodies should be encouraged to clearly identify any urgent referrals.

- Appointment staff is responsible for making the appointments for urgent referrals and will do so with a minimum of delay.
- Every effort will be made to contact the patient by telephone for short notice appointments. This should then be followed up by letter where time allows.
- The appropriate booking system type must be recorded when the appointment is made.

### **10.5 Recording Attendances at Clinic**

- If the patient requires a follow-up appointment this will either be booked before the patient leaves the department or at a later date if the partial booking method is used.
- Where possible all outpatient activity should be recorded accurately on the trust system within one working day of the patient's attendance.
- Clinicians should ensure clinic outcome forms are completed in clinic and given to the patient to hand into the receptionist at the end of an appointment. See action card 20, ([Example of Clinic Outcome Form](#)).
- The clinician is responsible for producing the clinical letter which is to be sent to the patient, the patient's GP and the referrer if different to the GP. A copy of the letter must be filed in the case notes/electronic patient record. Letters should be sent within 10 working days.

### **10.6 Ward Attenders**

- Sometimes a patient will need to return to a ward for a specific procedure which does not require them to be admitted to a bed or attend a formal outpatient clinic. This will be recorded as a Ward Attender and will be booked in line with clinical need. These are then classed as outpatient appointments for the purpose of national reporting.

### **10.7 Transfer to Another Trust or Consultant and Treatment in Private Hospitals**

- Where a patient is to be transferred to an outpatient waiting list at an alternative Trust it must always be with the consent of the patient, their G.P. and the transferring Consultant.
- If a patient is offered the option to transfer to an alternative consultant within the Trust or treatment within the private sector they may refuse. Their waiting time must not be affected by this decision, i.e. the offer of an appointment will not be recorded as a patient cancellation.
- If, however, the patient agrees to the principle of being transferred to another consultant or treatment within the private sector, but refuses a specific appointment date, this may be recorded as a patient cancellation, as long as the offer was reasonable.

[Transferring to another Trust](#) See Action Card 19

### **10.8 Monitoring**

- Waiting Lists are the responsibility of each Division and will be monitored on a regular basis.
- Monthly monitoring is undertaken by the Executive Team and the Trust Board.

- Regular audit of system data against patient case notes will be carried out as part of the Information Governance Toolkit.

## **10.9 Measurement of Waiting Time for Reporting**

- For all referrals, the calculation of waiting time to first appointment is made from the date of receipt of referral.
- If a patient DNA's their first appointment, the local outpatient waiting time resets to zero and the RTT clock is nullified. If the patient is rebooked then a new clock is started.
- If a patient cancels their appointment the Outpatient waiting time resets to zero, but the 18 week clock continues from the original referral date.
- If the hospital cancels an appointment the waiting time for the patient does not reset, the calculation is still made from the date the referral was received.
- Where an appointment is deemed not to be reasonable, the waiting time will not be reset if the patient does not accept the offer.

## **11 Waiting Lists**

### **11.1 Introduction and Aims**

The administration and management of elective admission lists must be consistent, easily understood, patient focused and responsive to clinical decision making. The trust aims to improve patient access to care on a 'whole systems' basis by establishing strong communication links between all key stakeholders involved in the administration and management of that process.

### **11.2 Key principles**

- Waiting lists should be managed according to clinical priority. Patients not classified as a priority should be treated on a "first come first served" basis.
- Where possible patients will be added to the Waiting List using either full or partial booking, in line with the Patient Choice programme, unless their treatment is planned
- Data held should be timely, accurate and complete and should be subject to regular audit and validation.
- There should be informative, clear and concise communication with patients.
- The process of waiting list management should be transparent to the public and staff alike.
- Patients have responsibilities e.g. for keeping appointments, provided reasonable notice has been given.
- Nothing should be done to limit treatment for patients who have a need for that treatment, e.g. by adopting administrative practices designed to defer treatment.

### **11.3 Additions to Elective Waiting List**

- The decision to add a patient to a waiting list must be made by a Consultant, or under an arrangement agreed with the Consultant.
- A patient must not be added to the Elective Admissions List if funding for the admission is not agreed.
- Each specialty should have a protocol listing health reasons which would prevent the admission. These need to be considered when adding patients to the waiting list and when admissions are being cancelled.

E.g. If a patient phones in to say they have a cold, this would be a hospital cancellation in ENT, who could not operate on patients with a cold. Other specialties may still operate with a cold – if the patient does not want admitting in these circumstances this is a patient cancellation.

- Patients who are not fit, ready and able to come in on the date the decision to admit is made, must not be added to the waiting list. The patient may be returned to the care of their G.P. and re-referred when they are fit and ready, or be reviewed in outpatients at a later date.
- Where a second opinion or further tests are required these must be complete before a decision to admit is made and the patient placed on the list.
- Patients must be added to the planned or elective admission list on the relevant system within two working days of the decision to admit ensuring the waiting list date is the date the decision to admit was made.
- If patients are transferred to a consultant from another consultant, either internally or from another provider, the original 'decision to admit date' must be used as the 'date on list'.

### **11.4 Suspension of a Patient from the Waiting List**

A period of time during which a patient on the waiting list should not be given a TCI date. For CMFT this should only be used for Transplant patients. All transplant patients should be suspended as soon as they are listed. It is important these have an appropriate Intended Procedure code so these patients can be analysed separately

### **11.5 Selection of patients for admission**

- Planned patients should be admitted within 28 days of their expected admission date. If the patient's medical condition changes the expected admission date must be updated accordingly.
- Patients will be selected upon clinical priority and length of wait.
- Patients will be sent for giving a minimum 3 weeks notice, unless they indicate they can come in a short notice.
- Patients should be seen in a pre-operative clinic prior to the admission date. Patients who DNA their pre-op will be discharged.

- Patients will be given information on who to notify if they are unable to attend for admission on the offered date.

### **11.6 Patient Cancels Admission for Personal Reasons**

Also refer to 18 week RTT section for guidance on 'clock pauses'

- If a patient contacts the Trust prior to the day of admission and refuses the offer of admission for reasons of personal choice for social reasons this is a patient cancellation.
- If the patient is cancelling for a health reason which would not prevent admission for the intended procedure this is also a patient cancellation. (cancellations which would prevent admission are hospital cancellations) (See 10.9)
- When a patient cancellation occurs, the reason for cancellation must be recorded. This must be a 'patient cancellation' reason.
- Patients who cancel their admission for a valid reason should be informed of their likely admission arrangements and where possible given a new date at the time of cancellation.
- Patients who prior to admission cancel their operation twice, when reasonable notification has been given (21 days), other than for exceptional / clinical reasons, will be removed from the waiting list and the GP notified. Where a patient indicates that they no longer wish to have or need the operation, they will be removed from the waiting list and referred back to the GP. A letter will be sent to the patient and the GP informing them of the decision. Paediatric cases will be reviewed by the consultant before removal from the list.
- Patients who do not respond to an offer of admission by the stated date should be replaced on the operating lists by patients who have indicated they may be able to come in at short notice.

See Action Card 9, ([Elective Patient Cancels or Declines a TCI Date](#))

### **11.7 Patient Did Not Attend (DNA) for Admission**

Also refer to 18 week RTT section for the management of DNA's.

- The admission offer outcome of the patient should be recorded as patient failed to arrive for admission without any advance warning.
- In the case of routine admissions, if the patient has not attended on one occasion, other than for exceptional/clinical reasons, they will be removed from the waiting list.
- Paediatric cases will be reviewed by the consultant before removal.
- The patient and GP will be notified of the removal in writing.

### **11.8 Children who Do Not Attend (DNA) for Admission**

- If a child does not attend their admission, upon the clinician reviewing the child's medical record, a new 18 week clock will start, unless advised to continue on the original pathway. The Consultant will be responsible for determining the clinical risk to the child considering

any safeguarding issues before returning the child to the GP. Returning the child to the GP will stop the clock.

The GP and carer's / child will be informed by means of a standard letter that the child failed to attend their procedure and has been returned back to the care of the GP.

[Children and Young People Missed Appointment Policy](#)

### 11.9 Admission is Cancelled by the Hospital

- The hospital cancels the patient's operation for non-medical reasons.
- If the patient contacts the hospital prior to the date of admission and is cancelling for a health reason which would prevent admission for the intended procedure this is also a hospital cancellation. (cancellations which would not prevent admission are patient cancellations) See 10.6
- The reason for cancellation must be recorded. This must be one of the reasons related to a 'hospital cancellation'.
- The Trust will make every effort to ensure that all elective admissions are admitted and not cancelled.
- Where we have to cancel an elective admission or an operation following elective admission for non-medical reasons this does not reset the waiting time calculation for the patient. If the patient has been admitted they must be returned to the waiting list with their original waiting time, i.e. taking into account any previous resets or suspension periods.
- If the operation is cancelled by the Trust for non-clinical reasons at the last minute, the patient must be offered an admission date that is within one month (28 days) of the cancellation. If this is not possible, the patient should be offered the choice of being treated at another Trust or within the private sector. Last minute means on the day the patient was due to arrive, after they have arrived in hospital or on the day of their operation. At the same time the offer must be within the maximum waiting time guarantee. See Action Card 16, ([Cancelled Operation – 28 day rule](#)).
- Where there is pressure on beds and cancellation of an elective admission is being considered, the clinical teams will make every effort to ensure that any patient who is clinically fit for discharge is discharged first.
- Patients who are cancelled will be contacted in a timely and sympathetic manner giving truthful reasons for the cancellation. All patients will be offered an alternative date following discussion with the consultant and planned with regard to clinical need.
- Where possible the operation should be done within a day of the planned operation date, as this counts as a postponement rather than a cancellation.
- The subsequent admission offer to the patient must follow the rules surrounding reasonableness. See the section on 'Reasonable Offers of Admission'.
- If the patient refuses a reasonable offer they are no longer monitored under the '28 day' breach rule.
- If a patient becomes unfit for admission or wishes to self defer for social reasons the 28 day count stops on the pause date and begins again when the patient is unsuspending. The total wait from the cancelled operation to the admission date offered minus the period suspended

must be no longer than 28 days, otherwise the patient must be recorded as a breach and offered a choice of another Trust or the Private Sector.

- Where the Trust knows it is unable to treat the patient within the 28 day guarantee and alternative treatment within the 28 day period has been arranged and offered to the patient the patient is no longer monitored under the '28 day' breach rule.
- The Trust will do all it can to avoid a subsequent cancellation of admission.

#### **11.10 Transfer to Another Trust or Consultant and Treatment in Private Hospitals**

- Where a patient is to be transferred to an elective admission list at an alternative Trust it must always be with the consent of the patient, their G.P. and the transferring Consultant. The original decision to admit date must be provided to the receiving Trust.
- If a patient is offered the option to transfer to an alternative consultant within the Trust or treatment within the private sector they may refuse. Their waiting time must not be affected by this decision, ie the offer of an admission will not be recorded as a patient cancellation.
- If, however, the patient agrees to the principle of being transferred to another consultant or treatment within the private sector, but refuses a specific admission date, this may be recorded as a patient cancellation, as long as the offer was reasonable.

See Action Card 19, ([Transferring to another Trust](#)).

#### **11.11 Waiting List Validation and Review**

- Where a partial booking system is used, automatic validation is embedded within the process.
- Patients who ask to be removed should be taken off the waiting list immediately. The relevant GP and Consultant should be informed of the patient's wishes. Paediatric patients will be reviewed by the consultant prior to removal.

#### **11.12 Monitoring**

- Weekly monitoring on the Trusts' waiting list position will take place in the Activity meetings. Departments are expected to analyse their position prior to the meeting.
- Monthly monitoring is undertaken by the Executive Team and the Trust Board.
- Regular audit of system data against patient records will be carried out as part of the Information Governance Toolkit.

#### **11.13 Measurement of Local Waiting Time for Reporting (Separate to RTT rules)**

- The calculation of inpatient waiting time to admission is made from the date the decision to admit was made.
- If a patient cancels or DNA's their admission, the waiting time resets to zero and the calculation of the wait time is taken from the date of the cancelled admission or the DNA. These patients are counted as self deferred at month end.
- If the hospital cancels the admission the waiting time for the patient does not reset, the calculation is still made from the date of the decision to admit.

- If a patient has been suspended, the period of suspension will be deducted from the total waiting time.
- Where an admission offer is deemed not to be reasonable, the waiting time will not be reset if the patient does not accept the offer.
- Patients awaiting a 'planned' admission are excluded from waiting time measurement, as their admission date is determined by clinical need.

## **12 Elective Inpatients**

### **12.1 Introduction**

- Inpatients will be admitted to the Trust either via the elective inpatient waiting list detailed in section 10 or as an emergency.
- To ensure quality of care is maximised the trust considers the achievement of 'Real Time' recording for Admissions, Discharges and Transfers (ADT) to be a priority. It is essential if we are to maximise the bed usage within the Trust by enabling the Bed Managers to have up to date information on bed availability as well as planned admissions and discharges. The accurate recording of patient observations and patient meals are also reliant on accurate and timely inpatient data.
- Admissions, transfers and discharges must not be recorded on the appropriate system in the expectation of them happening, but to ensure accurate bed status data - they should be recorded within 30 minutes of taking place.
- Patients moving between hospitals within the Trust must be recorded as transfers. Where a patient's care is transferring to another Trust the patient must be discharged.

### **12.2 Transfers**

- A transfer can be a change of Consultant, Specialty, Ward or Patient Category. Each change must be recorded on relevant system by the transferring ward.
- When a Consultant/Specialty change is initiated, the clinician must inform the ward staff of the change so that the transaction can be recorded. A consultant transfer should only be recorded when the care of the patient has fully transferred to another consultant.
- In the case of joint care, one consultant is primarily responsible and this consultant must be recorded as the main consultant on the system, the joint consultant should also be recorded.
- Where a ward transfer is recorded the patient's case notes must be tracked to the new destination at the same time.

### **12.3 Discharges**

- The discharging ward will be responsible for recording on the system the discharge or death of patients admitted to the Trust.
- If the discharging consultant is different from the admitting consultant a transfer of care should have been recorded. Where a consultant discharges a patient under the care of a

colleague within the same team, a note to this effect should be recorded in the medical notes or on the discharge letter so that an invalid consultant episode is not created.

- The clinician will be responsible for recording the final diagnosis on discharge. In addition to the diagnosis, the patient's case notes must include all surgical and non-surgical procedures carried out and their dates. This data will also be contained within the discharge letter.
- The case notes, with the diagnoses and procedures accurately recorded within it must be made available to allow the Clinical Coding to be complete within 7 days of discharge.

#### **12.4 Discharge Letter/Summary**

- The Clinician will be responsible for recording the final diagnosis at discharge and completing a discharge letter. In addition to the diagnosis it must include all surgical and non-surgical procedures carried out and any drugs and dosage prescribed for use following the patient's discharge.
- The Discharge Letter/Summary must be produced within 24 hours following the discharge of all patients. Where histology results have not been received at the time of discharge, it must be noted on the letter that further information will be forwarded to the GP at a later date.
- The discharge on the trust system should be recorded in real time.

#### **12.5 Regular Day and Night Attenders**

- Regular Day and Night Attenders, e.g. Dialysis patients, will be recorded on the system in the same way as admitted patients, but will be identified by the appropriate management intention.

#### **12.6 Monitoring**

- The Trust Data Quality Department will monitor the accuracy of the data recorded, in particular in relation to data used for national submissions.
- The relevant divisional management and staff will be responsible for ensuring the reports are acted on.
- Regular audit of system data against patient records will be carried out as part of the Information Governance Toolkit.

### **13 Diagnostics**

#### **13.1 National Guidance**

- The NHS Operating Framework for 2012/13 sets out that less than 1% of patients should be waiting longer than 6 weeks for a diagnostic test. A diagnostic test refers to a test or procedure used to identify a person's disease or condition and which allows a medical diagnosis to be made.
- This standard applies to all diagnostic tests

- Monthly performance is based on the key diagnostic tests reported in the monthly data collection (NHS Operating Framework Technical Guidance 2012-13)
- The organisation has a responsibility to fulfil 'reasonableness' criteria. This is considered to be that at least three weeks' notice is given for an appointment date. If, for any reason, the timescale from notification to appointment is shorter than three weeks then the patient is called to offer the appointment and offered choice.

### **13.2 When does the clock start?**

- Clock starts for outpatient referrals from outside the trust (GP, provider to provider etc) when the referral is received in the trust. If the referral is made internally via the electronic system, then the clock starts on the date that the referral is made (as these are received on the same day).
- If the patient is referred for any test/investigation requiring an inpatient admission or sedation (e.g. Paediatric MR Scans) then the start of the wait is the decision to admit date (which in most cases is the same day the referral is received).

### **13.3 When does the clock stop (or is reset)?**

- If the patient undergoes investigation successfully
- If the organisation has fulfilled its responsibility to meet 'reasonableness' criteria when offering earliest available dates to patients, and the patient cancels, the clock can be stopped/reset from the date of the missed appointment.
- Patients are sent questionnaires in advance of being booked for Heart Scans/MR scan suitability. Responses are not chased by the department and if the patient does not reply within the timescale (2 weeks) then the scan is not booked and is sent back to the referrer.
- For Nuclear Medicine, due to the volume of referrals, if a patient does not attend their diagnostic appointment, then the diagnostic waiting time for the test/procedure is set to zero and the waiting time starts again from the date of the appointment that was missed.
- If the patient DNA's for a Radiology appointment, then it is not rebooked and the referral is sent back to the GP/consultant with a letter as per Trust policy
- If the patient is unable to undergo the procedure because they are unfit to do so the clock is restarted from the date they are declared fit to undergo the test.
- If a patient cancels their first appointment and then is offered a second date which is then also cancelled, the patient must be informed that their referral has been closed and that a new pathway will be opened when they wish to proceed. A letter will be sent to the patient and the GP explaining this.

- Patients may also be booked for procedures well in advance to for clinical reasons to coincide with a regular annual appointment (i.e. annual Renograms). If a patient is subject to these criteria then they are recorded as 'planned'
- For specialist sample processing such as De-Calcification of material which prevents diagnosis until such procedures are complete.
- In cases where cultures need to grow in order for the results to be available the clock can be 'paused', for example TB cultures

### **13.4 When does the clock NOT Stop**

- If the patient declines an appointment which does not fulfil the 'reasonableness' criteria, the clock is not reset and the patient should be offered another appointment date
- If the trust cancels the appointment (as long as it is not as a result of a request from the patient) then the clock is not stopped/reset.

### **13.5 Patient Choice**

- If a patient is unable to attend the appointment due to holidays/other commitments and chooses to attend at a later date, then the clock is reset to the original offered appointment date and a new appointment must be made within 6 weeks.
- If the patient wants to attend a date beyond 6 weeks, this can either be booked via an appointment which could have been offered within 6 weeks and then cancelled as patient choice, or the patient is discharged back to the referrer asking them to re-refer when the patient is available.
- If the appointment is booked using CRIS, and the patient wants to attend a date which is beyond 6 weeks, then the patient can be marked as 'not available' and the preferred date can be booked.

## **14 Cancer**

### **14.1 Introduction**

The Trust is committed to providing cancer patients with the best possible care and will treat patients in line with all national standards (see Section 4 Access Targets). The key standards which will be followed are:

To aid the escalation process within Divisions, it is advised that Divisional Management teams work to the following timescales and operational standards when dealing with HSC Suspected Cancer patients:

### **14.2 Management of Cancer Patients:**

- HSC patients should be offered a date for 1st OPA within 7 days of receipt of referral, where this is not possible it should be escalated to Directorate Manager level

- All diagnostic requests to be marked as HSC and a date given for the procedure that is within 10 days of the date of the request
- Where a diagnostic test is requested and the date given for the procedure is more the 10 days in advance of the date requested, this should be escalated to Directorate Manager level and a conversation between the DM of the requesting specialty and the DM of the diagnostic provider should take place
- If the diagnostic cannot be brought forward following discussion between DMs, this should be escalated to the relevant Divisional Directors and a conversation between the DD of the requesting specialty and the DD of the diagnostic provider should take place
- All diagnostic results for HSC patients should be available and reported within 5 days of the procedure taking place (see Cellular & Molecular Pathology section for exceptions)
- Where a diagnostic test has taken place and the results have not been made available/reported within 5 days, this should be escalated to Directorate Manager level and a conversation between the DM of the requesting specialty and the DM of the diagnostic provider should take place.
- If the diagnostic results are still outstanding after 10 days, this should be escalated to the relevant Divisional Directors and a conversation between the DD of the requesting specialty and the DD of the diagnostic provider should take place.
- HSC patients must be prioritised for discussion at the first available MDT when required.
- Where there is no clinical exception, it is expected that HSC patients will be discussed at MDT for the first time no later than day 30 of their pathway
- Any HSC patients listed for discussion at a third MDT (or any subsequent MDTs beyond a third MDT) will be escalated each time to the appropriate Directorate Manager who will discuss the patient with the appropriate Consultant and/or their clinical lead to clarify if such reliance on MDT decision making is required
- Specialties must have plans in place to ensure that their normal cancer pathway can be delivered within 42 days where the specialty is a treating specialty
- Where the specialty does not provide treatment they should ensure that their normal cancer pathway can be delivered within 18 days
- Any HSC patient reaching day 35 where CMFT is not the expected treating hospital, and where the patient has not already been CARP'd, will be escalated to the appropriate Directorate Manager who will ensure that plans are in place for onward referral before day 42
- Where the pathway is a three trust pathway and CMFT is the middle Trust, escalation should take place on day 31 with a view to onward transfer by day 38
- Any HSC patient CARP'd to a treating trust beyond day 42 (or beyond day 38 if there are more than two Trusts involved in the pathway) will be immediately escalated to the appropriate Directorate Manager
- All HSC patients should be actively tracked by MDT coordinators at all times – where tracking notes for patients are not up to date this must be escalated to the appropriate Directorate Manager immediately

- The Cancer Team will ensure that timely and straightforward monitoring is provided as requested for senior management, so that they can review performance and trends.
- Divisional Managers and clinical teams are responsible for ensuring that patients receive treatment in a timely manner

### **14.3 Cellular & Molecular Pathology**

- Diagnostic Cellular Pathology results for HSC patients should be available and reported within 7 calendar days of the procedure taking place
- Effective tracking and escalation of HSC patients with diagnostic Cellular Pathology samples should be in place between the Cancer Team and Cellular Pathology to enable early intervention by Cellular Pathology to expedite HSC patient samples for reporting at the earliest opportunity. Tracking should commence from the day the sample is taken and continue until it is reported and available. The Cancer Team will provide a daily list of all HSC patients with Cellular Pathology samples taken to Cellular Pathology. Cellular Pathology will provide feedback to the Cancer Team on progress of such patient's samples
- Where a diagnostic Cellular Pathology sample has not been reported and made available after 7 calendar days, this should be escalated to Directorate Manager level and a conversation between the DM of the requesting specialty and the DM of the diagnostic provider should take place
- Where a diagnostic Cellular Pathology sample has not been reported and made available after 10 calendar days, this should be escalated to the relevant Divisional Directors and a conversation between the DD of the requesting specialty and the DD of the diagnostic provider should take place
- HSC patients must be prioritised for discussion at the first available MDT when required
- In principle, specified Molecular Oncology diagnostic tests on Leukaemia patients should be completed within one week, prior notification of clinical urgency should be made by the referring consultant to enable this.
- All other routine molecular tests (incl BCR ABL, PML RARA etc) should be completed within 2 weeks (10 working days), with 3 weeks for patients in stable remission.
- Additional testing indicated following an initial result would require an extra 2 to 3 weeks for diagnostic results. A triage pathway may require other tests to be performed on site or may require referral to other specialist centres.
- Lymphoma cases are reported within two weeks (10 working days) dependent upon whether the referral is just for B or T cell lymphoma only or is a screen for both areas.

### **14.4 Cancer Standards**

- Start of wait

2-week waits: the urgent GP referral is received into the Trust. ,

31-days: when the decision to treat is made.

62-days: when the GP decides to refer, even if it takes more than 24 hours for the referral to reach the provider.

- Responsibility for meeting the target

Patients may be seen in one trust for their 2-week wait appointment and may later be transferred to another trust for their treatment.

Note: If the transfer from Trust A to Trust B is delayed by a delay, then, if both CEOs agree, Trust B can apply to have the breach assigned entirely to Trust A.

If the patient is treated at three Trusts, Trust A & Trust B will need to refer the patient on by day 19 of the pathway, so as not to share in any breach allocation if the 62 day pathway is breached.

- 31 day subsequent treatment target

When a patient is deemed fit to treat then the clock starts for any cancer treatment following first definitive treatment. E.g. treatment for recurrent cancers, metastatic spread or second cancer treatment.

- 31-day target

The 31-day target applies to all new cases of cancer regardless of the referral route. It does not apply to patients being treated for a recurrence of cancer.

- 62-day target

The 62-day target only applies to patients referred through the 2-week referral route, but it applies to all patients referred by this route, even if the referral took more than 24 hours to reach the provider. It does not apply to patients being treated for a recurrence of cancer.

- 18 weeks Referral to Treatment (RTT)

Any patient on a 2-week, 31-day or 62-day pathway would automatically be on an 18-week pathway. A referral for a recurrence of cancer does start a new 18-week clock. This is different from the cancer pathways.

- First definitive treatment

Detailed information is available in the Department of Health's publication Cancer Waiting Targets: A Guide (Version 8).

- Reasonable offer

Cancer waiting times are too short for the usual definition of reasonable offer (3 weeks' notice and choice of 2 dates) to apply. If a patient is on a cancer pathway then any offer is classed as a reasonable offer. CMFT will always take account of personal circumstances.

- Did not Attend - DNA an Appointment

- a) If a patient DNA's their first appointment a new appointment will be given and the clock will be re-set 0 days on the day the new appointment is booked.
- b) If a patient cancels their first appointment and then DNA's their subsequent appointment the full waiting time will be removed and the new clock will commence when a new appointment is booked.
- c) If the patient DNA's any appointment on two occasions, the clinician can make a decision to step the patient off a 62 day pathway and be placed on a 31 day pathway

## **15 Cancelled Operations**

### **15.1 Introduction**

The NHS standard, effective from April 2002, says:

- Patients should not have their elective operations cancelled on the day of admission or after admission for non-clinical reasons
- If the operation is cancelled, then the patient must be given a firm date for admission that is within 28 days of the cancelled date. If this is not done, then patients are entitled to have their operations performed at a provider and on a date of their choice, funded by the original provider. See Action Card 16, (Cancelled Operation 28 day rule). Where possible patients will be offered a further date of admission within 21 days.

### **15.2 Managing Cancellations**

- Before cancellation

Any potential cancellation (on the day of admission or after admission, for non-clinical reasons) must be escalated explicitly via the local 'Patient Cancellation Escalation Policy'.

- Preoperative assessment

Preoperative assessment must ensure that everything that needs to be done before the patient's operation has been done (kit ordered, bloods taken, post-op arrangements discussed, etc.)

- Re-dating patients

A new and appropriate date must be agreed with the patient when s/he is cancelled. For patients who have been admitted, it should be agreed with them before they leave the hospital. For patients who are cancelled on the day of admission and before they come into the hospital, it must be agreed with them at the time that they are cancelled (in the same telephone call).

- 2<sup>nd</sup> cancellation

No patient is to be cancelled for non-clinical reasons more than once.

Any potential cancellation for the second time must be escalated explicitly via the local Patient Cancellation Escalation procedures.

## **16 Equality Impact Assessment**

The Trust is committed to promoting equality and diversity in all areas of its activities. In particular, the Trust wants to ensure that everyone has equal access to its services. Also that there are equal opportunities in its employment and its procedural documents and decision making supports the promotion of equality and diversity.

This policy has been equality impact assessed by the authors using the Trust's Equality Impact Assessment (EqIA) framework and scored at 20. This score fell into the low priority category - no significant issues in relation to equality, diversity, gender, colour, race or religion are identified as raising a concern.

The initial Equality Impact Assessment has been completed and submitted to the Equality and Diversity Department for 'Service Equality Team Sign Off'. Please contact the Equality and Diversity Department if you have any queries on 0161 276 5651 or [equality@cmft.nhs.uk](mailto:equality@cmft.nhs.uk)

## **17 Consultation, Approval and Ratification Process**

This document has been produced by the Data Quality and Training Manager and the Corporate Performance Manager with consultation from key colleagues across the Trust and approval from the Director of Performance. Formal ratification is initially from the Data Assurance Group and ultimately by the Operational Management Group.

The policy will be reviewed as required when patient access standards change or are introduced. This will be as a minimum every 2 years and will follow the consultation/approval process detailed above.

## **18 Dissemination and Implementation**

The policy will be circulated to members of the Data Assurance Group and Operational Management Group and made available on the trust intranet and the Central Intelligence sharepoint site. When updated the old version will be replaced and staff informed via email.

## **19 Monitoring Compliance of Procedural Documents**

Having a policy is only the first step to ensure standardisation of patient access and data collection. The Trust must be sure that, through routine audit, documented processing and training, all patient activity is collected and recorded consistently.

The Data Quality Team will monitor the quality of the data recorded under this policy to ensure the data standards and procedures are adhered to. Monitoring reports will be produced and areas of poor performance will be highlighted and addressed.

An audit programme in line with the Information Governance Toolkit will be carried out each year. This will include the audit of system data against the patient case notes.

As the Trust develops new services, additional activity will need to be recorded. It is vital that any activity recorded meets the national definitions and reflects the resources required to deliver the care.

It is important to keep this document up to date in order to reflect the changing environment that we now work in and it will therefore be reviewed at least every 2 years. All changes/additions will be notified to staff.

The latest version of this policy will be available on the Trust's Intranet.

## **19 References and Bibliography**

RTT Rules Suite (Department of Health)

NHS Outcomes Framework (Department of Health)

Risk Assessment Framework (Monitor)

IG Toolkit

A Guide to Cancer Waiting Times v8 (Department of Health)

NHS Data Dictionary (Health and Social Care Information Centre)

## **20 Associated Trust Documents**

Data Quality Policy

Information Governance Policy

Children and Young People Missed Appointment Policy

Chargeable Patients Policy

Data Protection Policy

Health Records Management Policy

CSS Diagnostic Policy.

## 21 Glossary

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

18 Week Referral to treatment period	The part of a patients care following initial referral, which initiates a clock start, leading up to the start of first definitive treatment or other 18 week clock stop point.
Active Monitoring	<p>An 18 week 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 this stage.</p> <p>A new 18 week clock would start when a decision to treat is made following a period of watchful waiting / active monitoring.</p> <p>Where there is a clinical reason why it is not appropriate to continue to treat the patient at that stage, but to refer the patient back to primary care for on-going management, then this constitutes a decision not to treat and should be recorded as such and also stops an 18 week clock.</p> <p>If a patient is subsequently referred back to a consultant-led service, then this referral starts a new 18-week clock.</p>
Active Waiting List WL types: Elective Waiting Elective Booked	The list of elective patients who are fit and able to be treated at that given point in time. The active waiting list is also the list used to report national waiting times statistics.
Admission	The act of admitting a patient for a day case or inpatient procedure.
Admitted pathway	A pathway that ends in a clock stop for admission (day case or inpatient).
Bilateral (procedure)	A procedure that is performed on both sides of the body, at matching anatomical sites. For example, removal of cataracts from both eyes.
Breach	Patient episode which would over-run the maximum wait time of 18 weeks from referral to first treatment, excludes cancer and rapid chest pain as these have shorter targets.
CAB	Choose and Book electronic referral system. A national electronic referral service that gives patients a choice of place, date and time for their first Consultant outpatient appointment in a hospital or clinic.
CCG	Clinical Commissioning Group

Chronological Order	This is a general principle that applies to patients categorised as requiring routine treatment (as opposed to urgent treatment). All these patients should be seen or treated in the order they were added to the waiting list.
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	See pause/clock pause
Consultant	A person contracted by a healthcare provider who has been appointed by a Consultant Appointment Committee. He or she must be a member of a Royal College or Faculty. 18 weeks excludes non-medical scientists of equivalent standing (to a Consultant) within diagnostic departments.
Consultant-led	A Consultant retains overall clinical responsibility for the service, team or treatment. The Consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care.
Convert(s) their UBRN	When an appointment has been booked via Choose and Book, the UBRN is converted. (Please see definition of UBRN).
Day case	Patient who requires admission for treatment but who is not intended to stay overnight Patients who require admission to the hospital for a diagnostic procedure / test / image and will need the use of a bed but who are not intended to stay in hospital overnight.
Decision to Admit	Where a clinical decision is taken to admit the patient for either a day case or inpatient.
Decision to treat	Where a clinical decision is taken to treat the patient. This could be treatment as an inpatient or day case, but also includes treatments performed in other settings e.g. as an outpatient.
Deferred Treatment	Occasionally, an admission may be deferred for clinical or non-clinical reasons once the patient has been admitted (e.g. lack of theatre time). Patients must be returned to the waiting list and a new TCI date arranged. For non-clinical deferred treatments, the Trust is required to offer a new operation date within 28 days of the cancelled procedure.

DNA - Did not attend	DNA, this is defined as where a patient fails to attend an appointment / admission without prior notice.
Elective admission / elective patients	Inpatients are classified into two groups, emergency and elective. Elective patients are so called because the Trust can „elect“ when to treat them. Patients awaiting elective admission who have been given an admission date which was arranged and agreed with the patient at the time of the decision to admit.
Elective Planned (excluded from Active Waiting List)	Patients who are to be admitted as part of a planned sequence of treatment or investigation. The patient has been given a date, or approximate date, at the time a decision to admit was made. The date is set for clinical reasons and there is no clinical advantage in admitting the patient earlier.
Elective Waiting	Patients awaiting elective admission who have yet to be given an admission date.
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 <a href="http://www.18weeks.nhs.uk">http://www.18weeks.nhs.uk</a>
Inpatient	Patient who requires admission to the hospital for treatment and will remain for at least one night
Inpatient Diagnostic	Patients who require admission to the hospital for a diagnostic procedure / test / image and are intended to remain in hospital for at least one night. Interface service (non consultant-led interface service)
MDT	Multi-Disciplinary Team
Non-admitted pathway	A pathway that results in a clock stop for treatment that does not require an admission or for „non-treatment.
Non consultant-led	Where a Consultant does not take overall clinical responsibility for the patient.
Non consultant-led Interface service Nullify clock	See Interface service The 18 week clock is “nullified” when a patient DNA's their first appointment and is discharged back to the care of their GP

Outpatients	Patients referred by a General Practitioner (medical or dental) or another Consultant / health professional for clinical advice or treatment.
PACS	Picture Archiving and Communication System (for computer distribution of x-rays)
PAS	Patient Administration System
Patient Cancellation	Patient who has previously accepted an outpatient appointment time or date for operation and then subsequently notified the hospital that they wish to cancel or change their appointment.
Patient Choice	From 1st April 2004 patients waiting more than 6 months without being offered a TCI date, will be offered the choice of moving to an alternative hospital for faster treatment.
Patient Pathway ID	The unique reference number assigned to a patients RTT pathway. Where a patient is referred from another organisation and the pathway has already started, then the PPID will begin with their unique identifier or Choose and Book identifier.
Pause/clock pause	The act of pausing a patient's 18 week clock. Clocks may only be paused for non clinical reasons and only where a patient chooses to wait longer for admission than 2 reasonable offers made by the provider.
Reasonable offer	Where a decision to admit, as either a day case or inpatient has been made, many patients will choose to be admitted at the earliest opportunity. However not all will and it would not be appropriate to pause a clock for patients who cannot commit to come in at short notice. A clock may only be paused therefore when a patient has turned down two or more reasonable offers of admission dates. A reasonable offer is an offer of a time and date three or more weeks from the time that the offer was made. If patients decline these offers and decide to wait longer for their treatment, their clock may be paused from the date of the first reasonable offer and should re-start from the date that patients say they are available to come in.
Referral Management or assessment Service	Referral management or assessment services are those that do not provide treatment, but accept GP (or other) referrals and provide advice on the most appropriate next steps for the place or treatment of the patient.

Depending on the nature of the service they may, or may not, physically see or assess the patient.

Referral Management and Assessment Services should only be in place where they carry clinical support and abide by clear protocols that provide benefits to patients. They must not be devices either to delay treatment or to avoid having clinical discussions with GP practices about good referral practice.

In the context of 18 weeks, a clock only starts on referral to a referral management and assessment service where that service may onward-refer the patient to a surgical or medical consultant-led service before responsibility is transferred back to the referring health professional.

RTT

Referral To Treatment. From the end of December 2008 patients will only wait 18 weeks (126 days) from the Referral to the Treatment.

Straight to test

A specific type of direct access diagnostic service whereby a patient will be assessed and might, if appropriate, be treated by a medical or surgical consultant-led service before responsibility is transferred back to the referring health professional.

Substantively new or different treatment

On completion of an 18 week referral to treatment period, a new 18 week clock starts on the decision to start a substantively new or different treatment that does not already form part of that patient's agreed care plan. It is recognised that a patient's care often extends beyond the 18 week referral to treatment period and that there may be a number of planned treatments beyond first definitive treatment.

However, where further treatment is required that was not already planned, a new 18 week clock should start at the point the decision to treat is made.

Scenarios where this might apply include:

- where less invasive / intensive forms of treatment have been unsuccessful and more aggressive / intensive treatment is required (e.g. where Intra Uterine Insemination (IUI) has been unsuccessful and a decision is made to refer for IVF treatment).
- Patients attending regular follow up outpatient appointments, where a decision is made to try a substantively

new or different treatment. In this context, a change to the dosage of existing medication may not count as substantively new or different treatment, whereas a change to medication combined with a decision to refer the patient for therapy might.

Ultimately, the decision about whether the treatment is substantively new or different from the patients agreed care plan is one that must be made locally by a care professional with consultation with the patient.

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.

TCI

To come in (patient appointment date and time)

UBRN

Unique Booking Reference Number (Choose & Book)

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

Vulnerable children

All children are vulnerable by virtue of their age and inexperience but some are more vulnerable than others.

Safeguarding children is the responsibility of all adults.

All children are also vulnerable to failures by adults.

Those that are particularly vulnerable as defined by Working together to Safeguard Children, 2006:

- Children in the care of the Local Authority
- Children on the Child Protection Register or with a Child Protection Plan
- Child with a Child Safety Order or Parenting Order
- Children with chronic health needs
- Children in hospital
- Disabled children
- Children in custody or within the Youth Justice system.
- Children from black and minority ethnic

groups

- Migrant children
- Children of families living in temporary accommodation / travelling families
- Children from households where there has been domestic abuse
- Children of substance and alcohol misusing parents
- Children of parents with mental health problems

Watchful Waiting

See Active Monitoring

Patient Access Policy - Action Cards
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Action Card 1	<a href="#">Patient Searching</a>
Action Card 2	<a href="#">Registration Data Items</a>
Action Card 3	<a href="#">Patient Visits</a>
Action Card 4	<a href="#">Case note Tracking (Central Site)</a>
Action Card 5	<a href="#">RTT – Pause a Patient Whilst on an Elective Pathway</a>
Action Card 6	<a href="#">Medical Discharge for Unfit Patients</a>
Action Card 7	<a href="#">Active Monitoring</a>
Action Card 8	<a href="#">Elective Patients</a>
Action Card 9	<a href="#">Elective Admission – Patient Refuses / Declines a Pre-OP Assessment Appointment / TCI Date</a>
Action Card 10	<a href="#">Elective Admission – Planned Patients</a>
Action Card 11	<a href="#">Using Summary Care Record</a>
Action Card 12	<a href="#">Overseas Visitors Procedure</a>
Action Card 13	<a href="#">Overseas Visitor Flowchart</a>
Action Card 14	<a href="#">Reasonable Notice</a>
Action Card 15	<a href="#">Patient Cancels TCI through Illness / Short Notice</a>
Action Card 16	<a href="#">Cancelled Operations 28 Day Rule</a>
Action Card 17	<a href="#">Outpatient Registration and Appointment</a>
Action Card 18	<a href="#">Referral &amp; Registration Process</a>
Action Card 19	<a href="#">Transferring to another Trust</a>
Action Card 20	<a href="#">Example of a RTT Clinic Outcome Form</a>
Action card 21	<a href="#">Example of an Orthopaedic Specialty Pathway</a>

## Action Card 1 – Patient Searching

A consistent approach is required when matching patient records to ensure all systems are being managed in the same way. Where we have the NHS Number for a patient we require the additional verification of the DoB to confirm a match. Where we do not have the NHS Number we need to use additional criteria.

In order to maximise the possibility of matching a patient the trace process has to be more flexible than relying on exact matches. It is therefore necessary to define variations which nevertheless constitute either an acceptable 'full' match or a 'soft' match. Six key data items can be used to uniquely identify a patient, First name, Family Name, Gender, Date of Birth, Post code and GP Practice Code, and each of these needs to be checked in turn where the ing trust systems it is not the case that all the 6 data items are readily available for assessment. In this case, the available data items need to be used and the number of 'soft matches' allowed reduced by the number of fields not being assessed. Searching for a patient's record can be broken down into a series of simple steps. It does, though, require that users think carefully about what they are doing. The following steps represent best practice when searching for a patient's record on PAS but should be applied to all other systems where possible:

1. Enter the patients DoB with an Age Range of +/- 5 years plus the first 3 letters of their surname into the Surname field and enter the first three letters of their forename into the Forename field (never search for the patient using their full names). If this fails to identify the patient, move on to step 3.
2. Repeat as above but remove the DoB. Scan the list for appropriate entries. If necessary, consider alternative spellings within the 3 characters you are using for both names. Scan the list for appropriate entries and if necessary search with the Forename/Surname swapped around. If at any point the length of the list presented exceeds 996 move to step 4.
3. Repeat step 2 with the addition of Male / Female (to reduce the length of the list). Scan the list. If this fails to identify the patient, repeat using the other gender. If necessary move on to step 5.
4. Only enter the patient's surname and enter an age in the age field using the default of +/- 5 years. If there are any doubts about the surname's spelling try all alternative spellings.
5. When a possible match is found use the patient matching criteria, ie, 'exact match' and 'soft match' to match the patient.
6. If all of the above fails to identify the patient, create a new patient record.

## Action Card 2 – Registration Data Items

Accurate patient data is essential and can have a direct impact on the care a patient receives. It enables us to communicate effectively with a patient and their GP and helps maintain a patient's clinical history. Upon registration we should therefore capture the following key data items:

1. Full name, previous name (if any) & title
2. Date of birth
3. Address
4. Telephone number, home, work & mobile
5. Marital status
6. Next of kin, relationship to the patient & their address
7. Occupation, if the patient is a child then name of school they attend
8. Religion
9. GP name & name of practice
10. NHS Number
11. Overseas Visitor Status, i.e. by asking the following questions:
  - i) "Have you been living legally in the UK for the last 12 months?"
  - ii) "Can you show that you have the right to live here in the UK?"
12. Ethnicity
13. Do you have a Learning Disability?

## Action Card 3 – Patient Visits

Accurate patient data is essential and can have a direct impact on the care a patient receives. It enables us to communicate effectively with a patient and their GP and helps maintain a patient's clinical history. Following registration it is important key data items are therefore kept up to date so to do this we must do the following:

On all visits the patient must be asked the following questions:

1. Please can you confirm your full name? *(If you think there maybe potential spelling errors confirm with the patient)*
2. Please can you confirm your date of birth?
3. Please can you confirm your full address?
4. Please can you confirm your GP & name of practice?
5. i) Have you been living legally in the UK for the last 12 months?  
ii) Can you show that you have the right to live here in the UK?

In addition, for children we also need to confirm the current school details as follows:

6. Please can you confirm your current school?

### **Additional Information if not known:**

In addition to the above questions which should always be asked, if any of the key registration data items are missing from the system they should be completed at subsequent visits. In particular, it is important the following questions are asked if we do not currently hold the information:

1. Do you know what your NHS Number is?
2. What is your religion?
3. What is your ethnicity?

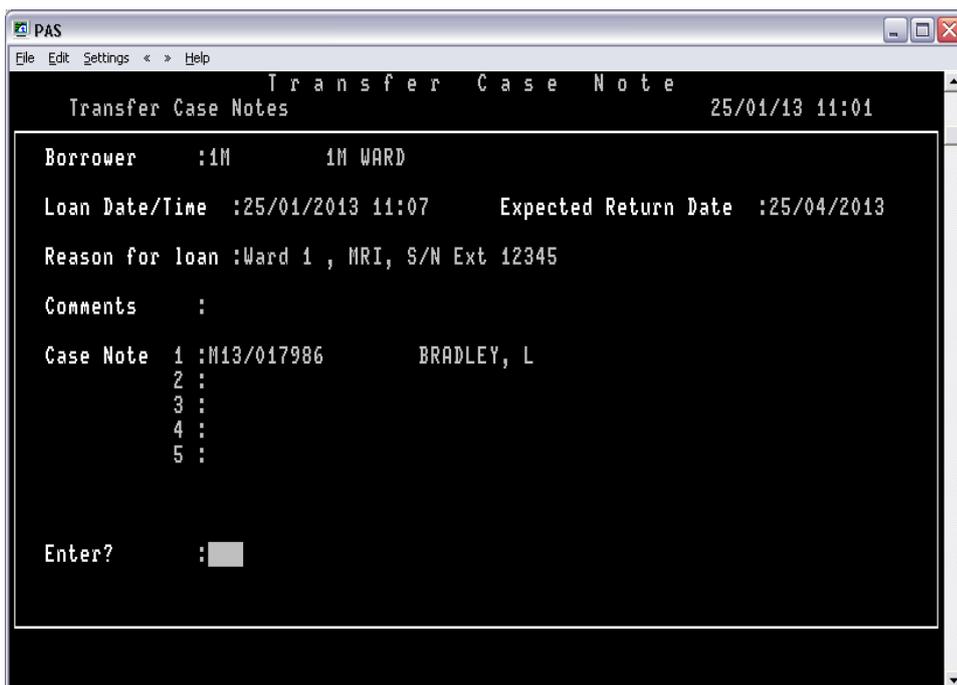
If there are any changes to any of the patient details the relevant system needs to be updated with the new changes. This procedure needs to be followed for every patient visit so we are able to capture any alterations promptly.

**\*\*It is important to note for Central Site patients that if a patient changes address or GP that these changes are recorded on PAS as a 'Move' and 'Transfer' respectively with a change date of the actual date the change occurred.\*\***

## Action Card 4 – Case note Tracking (Central Site)

### TCN – Transfer Case Notes

- It is **vital** that users update **PAS** when a patients case note file is moved around the Trust
- Case Note files must be available for clinical assessment when required.
- Users can use the **PAS** system to update where a Case Note file is whenever they receive or send a case note file to any area or individual in the Trust.
- Select the function **TCN** on **PAS**
- Complete the screen to update the location of the case note file
  - **'Borrower'** – Each department/area has a location/borrower code, i.e. 10M for Ward 10 at the MRI. Users should select their ward/department borrower code if receiving a case note file. If the user is sending the file to another location via a transit clerk, the borrower code should be **TRANS**.
  - **'Loan Date/Time'** – Press **ENTER** and will default to today's date
  - **'Expected Return Date'** – Press **ENTER** and will default to date three months hence
  - **'Reason for Loan'** - Ward/Department, Hospital, Name & Extension of where the case note file is being sent
  - **'Comments'** – Optional
  - **'Case Note'** – The case note number



The screenshot shows a terminal window titled 'PAS' with a menu bar (File, Edit, Settings, Help). The main window displays the 'Transfer Case Note' screen. The title bar shows 'Transfer Case Notes' and the time '25/01/13 11:01'. The screen content is as follows:

```
Transfer Case Notes                25/01/13 11:01

Borrower      :1M      1M WARD

Loan Date/Time :25/01/2013 11:07      Expected Return Date :25/04/2013

Reason for loan :Ward 1 , MRI, S/N Ext 12345

Comments      :

Case Note 1 :M13/017986      BRADLEY, L
           2 :
           3 :
           4 :
           5 :

Enter?       : 
```

- 'Enter?' – Yes to confirm

**Action Card 5 – Pause to RTT Pathway whilst on the Elective Waiting List**

When a patient is on an 18 week pathway a Pause to the pathway can be instigated providing the following guidance is adhered to:

Clocks may not be paused for:

- Medically unfit patients (see Action Card 6)
- Patients awaiting Tissue (including Bone required for a procedure)
- Diagnostic procedure patients
- Clocks may only be paused for :
- If they are awaiting an Organ Transplant or an unrelated Bone Marrow Transplant or Corneal Grafts that require matching

Non clinical reasons:

- Where a **decision to admit** has been made and a patient has declined at least 2 reasonable appointment offers for admission because they are temporarily unavailable due to social or economic reasons

Then **if** this guidance is fully followed a pause period can be entered onto PAS

1) Preadmit earliest reasonable offer date (PRE)

When it becomes apparent that a patient is either refusing a reasonable offer, or has made it clear they are unavailable for a period of time, record the earliest of these 2 offers as a Preadmission on PAS.

2) Preadmission Cancel earliest reasonable offer date (PCB)

Preadmission cancel the above offer by the patient using cancellation reason code '**NCONPA**' - **Not Convenient \*Pause Start\***. This is a genuine patient cancellation code which can also be used to reset the clock for Inpatient waiting times calculations.

3) Preadmit TCI date (PCB)

Arrange the date for the patient to come in and record on PAS as a genuine Preadmission. This date needs to be clearly communicated to the patient as their restart date and the time between it and the patient becoming available needs to be as limited as possible.

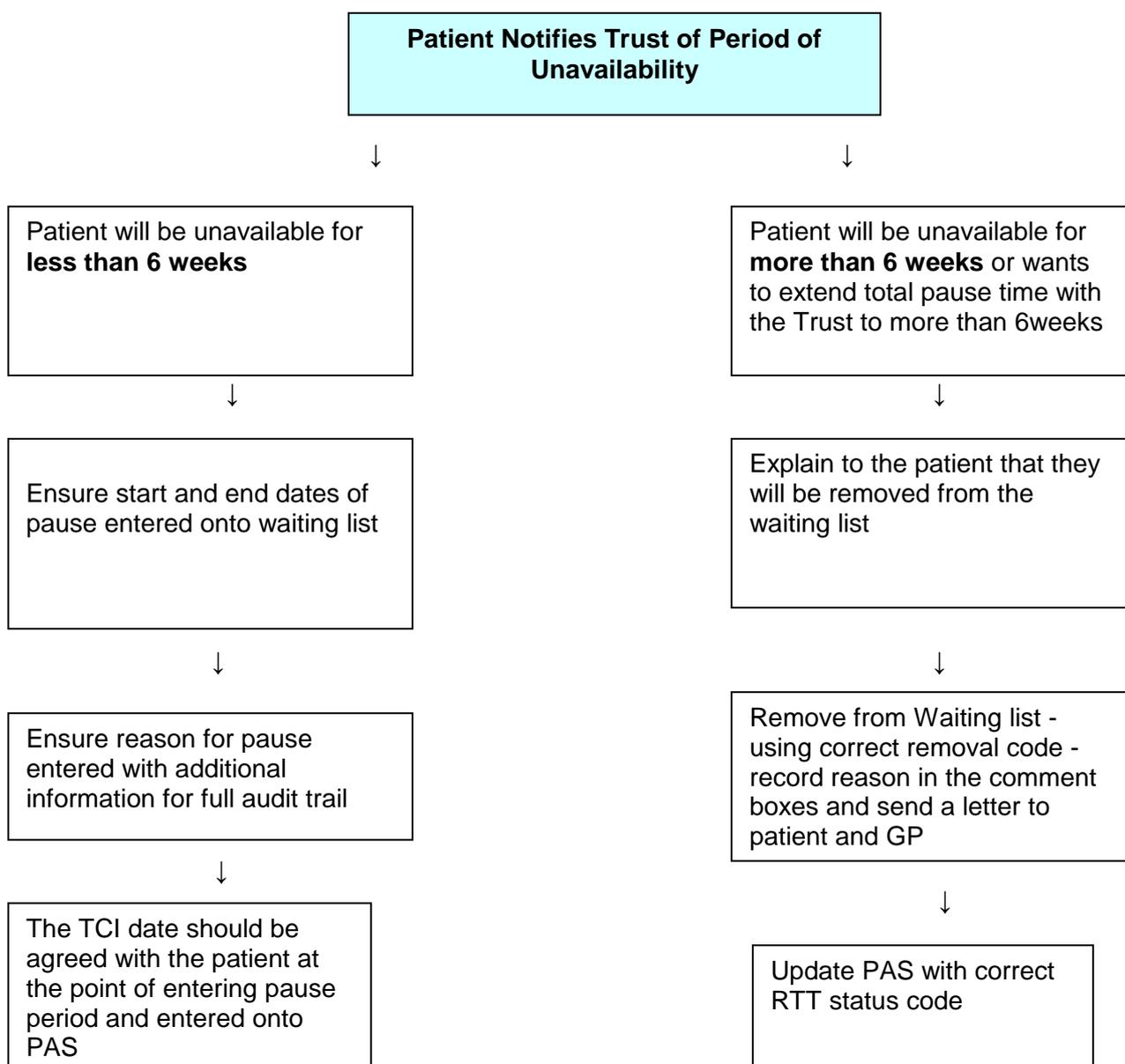
4) Admit the patient (AD)

Admit the patient when they come in. This will end the pause and the RTT period will be adjusted by removing the period from the patient cancellation (Pause Start Date) and the admission (Pause End Date). If the patient cancels again or DNAs before admission the pause will continue until they are admitted. If the patient is Waiting List cancelled and discharged without being admitted they will be reported as a Non-Admitted Pathway and the waiting time WILL NOT be adjusted as the pause will not be taken into account.

The 'NCONPA' code should only be used for patients waiting for their first treatment. Any patients not currently on an 18 Week Pathway or not waiting for their first treatment should be cancelled using the usual cancellation codes.

**The following process describes what must happen if a decision has been made to: pause any patient for social / personal reasons.**

- Up to 6 weeks accumulative - pause with an appropriate end date and Personal Treatment Plan (e.g. a note of how they will be reviewed on the paused list, when they will be taken off the list and seen in outpatients, and what communication has been given to the patient)
- If more than 6 weeks - return to care of the GP



- Patients must not be paused for more than 6 weeks in total. Beyond this they must be referred back to their GP.

This process should ensure that patients are not sent for admissions during periods when they are unavailable.

### Action Card 6 – Medical Discharge for Unfit Patients

Patients may become unfit whilst on the waiting list for surgery. This may be picked up at the pre-operative assessment or the patient / GP may inform the Trust that they are unwell or unfit and their admission delayed.

(The exception to this is patients who develop minor illnesses e.g. colds, D&V prior to admission and would be expected to recover in 7-10 days (these patients will achieve an 18 week RTT).

Remove Patient off the Waiting List and discharge back to the care of their GP



Ensure medical discharge date and reason entered onto PAS along with any additional information updated in the comments field for audit purposes.



Patient Medically Unfit for **less than 6 months**



GP can request the patient is reinstated onto the waiting list by writing to the Consultant



The Consultant will undertake a clinical notes review and, if necessary, a physical review of the patient to determine the appropriateness of the GPs request.



The Consultant will arrange for the patient to be added to the waiting list. The outcome and treatment status on the clinic outcome slip will be recorded as, add to patient schedule list.



PAS must be updated to reflect the change in the patients" treatment status



Patient Medically Unfit for **more than 6 months**



GP will need to initiate a new referral to the appropriate Consultant, unless decided against by the Consultant for clinical reasons

## Action Card 7 – Active Monitoring

Question & Answers re Active Monitoring from the Department of Health:

Q1. If a patient is admitted for first definitive treatment and, after admission, found to have high blood pressure and therefore will not be treated at this time, the patient will be reinstated to the 18 week pathway and the clock would still be ticking. However, as the patient is unfit and the HCP needs to monitor their blood pressure, can a period of active monitoring by the HCP be instigated?

A1. This scenario would be an Active Monitoring period.

Q2. Where there is a clinical reason why it is not appropriate to treat the patient at this stage, but equally it is not appropriate to refer the patient back to primary care - is the patient on active monitoring HCP initiated?

A2. This scenario would be an Active Monitoring period.

Q3. A patient requires a cardio version treatment, which will be their first definitive treatment; however we are unable to proceed until their INR levels stabilise and remain constant for a period of time. Should the patient be placed on active monitoring whilst the INR levels are being reduced and monitored?

A3. This scenario would be an Active Monitoring period.

Q4. If a patient is on a pathway for a hip replacement and then develops a heart complaint, the heart complaint would need to be resolved first. Should the patient be placed on active monitoring HCP instigated OR returned to care of GP and decision not to treat applied?

A4. The clock would stop for the hip replacement and a new clock would start for the heart complaint.

### Action Card 8 – Elective Patients

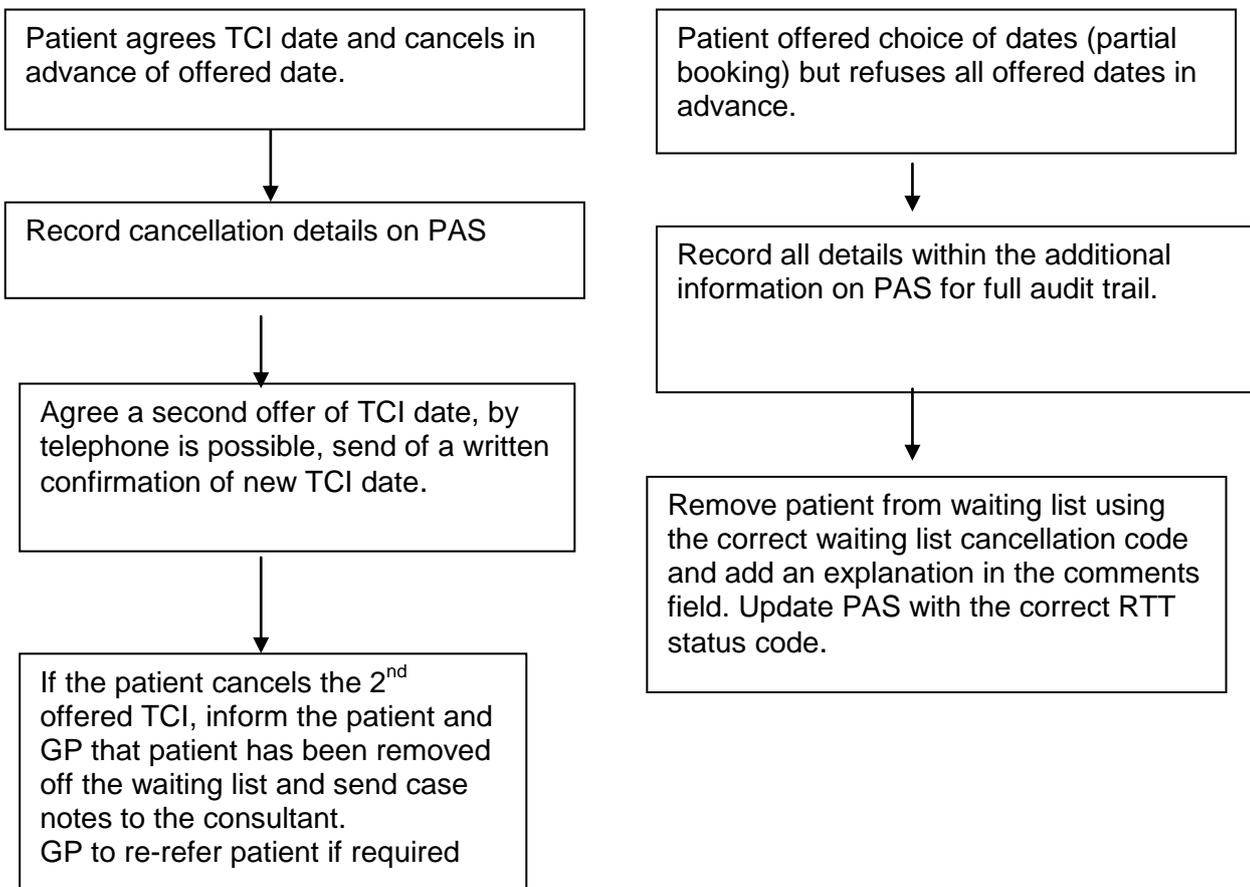
Before the patient leaves the clinic, the following information should be obtained / given.

- Confirmation of the patients address (including postcode) and referring GP.
- Patient's telephone numbers (home, work and mobile) through which they may be contacted.
- Availability to come in at short notice if an unexpected vacancy arises and if the patient has not been given an admission date.
- Any special circumstances requiring longer notice than usual for admission (e.g. children on the child protection register or a child protection plan, children and young people in the care of the local authority, carer's responsibilities, transport and arrangements).
- Any dates the patient will not be available for admission.
- Confirmation of the estimated length of stay.
- Where possible offered a TCI date for any site as appropriate.

**Action Card 9 – Elective Admission – Patient refuses / declines a Pre-OP Assessment appointment or TCI date**

When a patient is offered a reasonable date (at least 3 weeks notice) but refuses / declines the TCI **in advance for personal reasons**, follow the process below:

There are always some difficult cases e.g. caring for a dependant, these should be worked through with the patient and a personal treatment plan agreed if necessary. These should **not** form the basis of a long list of exceptions.



If the patient cancels a first appointment / TCI date in the 18 week pathway, the second offered appointment / TCI date must be booked within 2 weeks of the cancelled date to avoid unnecessary delays in the pathway. If the patient cannot accept this appointment / TCI they must be returned to their GP and the 18 week clock stopped.

## Action Card 10 – Elective Admissions Planned Patients

This waiting list should only contain patients who are to be admitted as a planned sequence of investigation or treatment. Following a first Procedure (entered as Elective Wait) the planned sequence of treatment / review is decided by the Clinician.

These patients are **not** on an active waiting list (They are not counted in waiting time statistics)

### Examples include:

- Check Endoscopies / Cystoscopies
- Renal Dialysis
- Awaiting transplants e.g. kidney, living related donation
- Investigation / treatment sequences following an elective wait or treatment
- Removal screw / metal work

Trauma cases needing removal of metal work etc. at a planned date following their emergency procedure, must be recorded as Elective Planned.

Ensuring appropriate patients are allocated to a „planned“ waiting list will ensure that the Trust is correctly measured against its waiting time count.

All patients placed onto the Planned Waiting List must have a Target Date entered on PAS.

## Action Card 11 – Using Summary Care Record

### Connecting to SCR

1. Insert your smartcard into the keyboard or card reader
2. Enter your smartcard passcode
3. Click on the 'NHS Spine Portal' icon (<https://portal.national.ncrs.nhs.uk/portal/dt>)
4. Click on 'Launch Summary Care Record (SCR)
5. Enter your smartcard passcode again
6. This will take you to the Basic 'Find A Patient' screen

### NHS Number Search

1. Type the 10 digit NHS number with or without spaces in the NHS number field
2. Click Find
3. A single match or no record found message will be displayed

### Basic Search

To be used when you have the patient's gender, Surname & DOB

1. Select the gender of the patient
2. Type the patients surname
3. Type the patients DOB - using space, dash or slash
4. The mandatory fields are now completed. At this point you can opt to find the patient by selecting Find.
5. If you have the patients forename or Postcode these can also be entered- this will reduce the number of results returned
6. 'View Patient List'- selecting this link will display the matching records to enable you to identify the patient

### Advanced Search

This enables you to search using a wider range of patients details, compared to the basic search. The mandatory fields remain the same as the basic search, however you can be more flexible through the use of wild cards and sounds like options if unsure of spellings.

1. Select Advanced tab

#### **Wildcards**

These can be used in the surname, middle name, forename & postcode fields

To use the wildcard you must type in a minimum of 2 characters followed by the asterisks (\*).

#### **Partial DOB**

If an exact date isn't known you can enter the year or month and year

#### **Sound Like**

This option broadens your search by looking for common, misspelt or alternative spellings

Select the- *Widen search for similar names or common misspellings* tick box

You must complete the postcode &/or given name fields and remove all wildcards from all fields

### Postcode Finder

If you can't find the patient using the basic & advanced search options, you can also perform a search using the patients address.

1. Select 'address & postcode look up' link
2. Enter as much information in the address, town & county fields and select find

3. Select the relevant address from the scrollable panel
4. Enter an effective date- This can be the patients DOB, or the date the patient moved to this address

### Action Card 12 – Establishing Chargeable status of Overseas Visitors

Note: all treatment provided in an A & E department is free but treatment, even emergency or urgent treatment, provided in any other setting is chargeable unless the patient belongs in an exempt category.

- I. Patients attending out-patient appointments or admitted to in-patient beds, whether via A & E or In-patient Admissions should all be asked “the baseline questions”:
  - a) “Have you been living legally in the UK for the last 12 months?”
  - b) “Can you show that you have the right to live here in the UK?”

Any patient believed to be an overseas visitor *must* be informed that they will be charged for their treatment unless they can demonstrate entitlement to free NHS treatment.

A “Questionnaire” to accompany patient booking (see Chargeable Patients Policy 2.1.2) should be considered and applied equally to **all** patients when assessing their eligibility”.

- II. Patients with less than 12 months residency in UK should be referred for formal interview to the designated Divisional OSV Co-ordinator. All patients should be asked for an NHS number or proof of identity. (For GP referrals, the NHS number will be on the referral letter. Patients with only a temporary NHS number may only have temporary residence and therefore require further investigation.) Where patients are “booked” in advance NHS numbers can be checked and queries raised before the patient presents.
- III. A patient who has been legally resident in the UK for 12 months or more counts as “ordinarily resident” in the UK and is eligible for free NHS treatment.
- IV. Patients resident in the UK for less than 12 months should be asked to demonstrate entitlement to free NHS treatment **and** informed that treatment will be chargeable if they cannot demonstrate such entitlement (see 2.1.3 in Chargeable Patient Policy for how to demonstrate entitlement).
- V. Patients from the EEA (European Economic Area) and “reciprocal agreement countries” generally have some entitlement to free NHS treatment but see Procedure for treating Charge Exempt overseas visitors in Chargeable Patient Policy.
- VI. **Other patients may be exempt from charges under the Guidance** including those with communicable diseases, students, employees, dependants of those ordinarily resident in the UK (in some circumstances), asylum seekers etc. (see 2.1.3 for a list of exemptions and a list of evidence required to support claims for exemption).

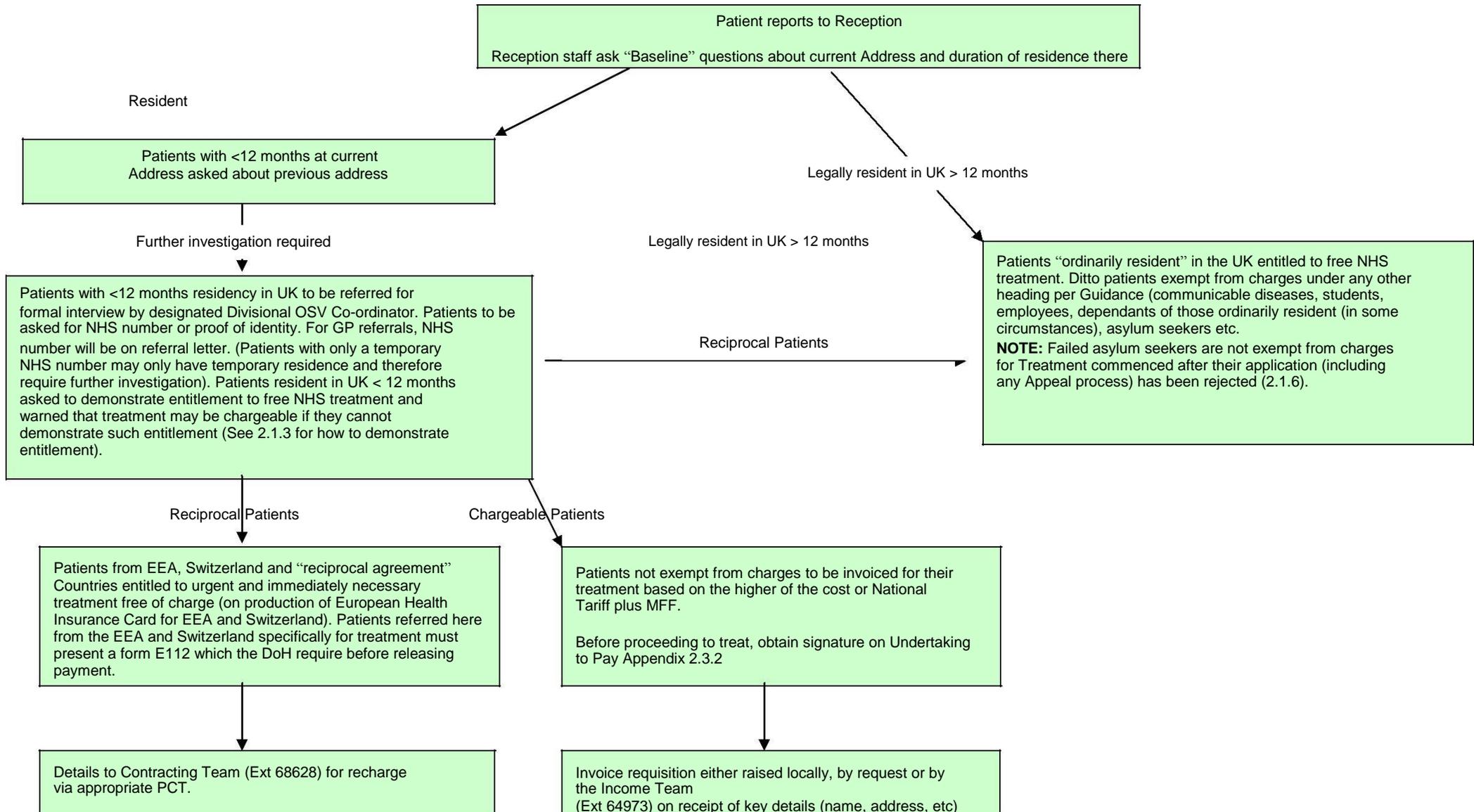
**Note**, however, that failed asylum seekers are not exempt from charges for treatment which commences after their application (including any appeal process) has been rejected.

- VII. Where an overseas visitor cannot demonstrate entitlement to free NHS treatment they should be asked to pay a deposit equal to the full estimated cost of their treatment before

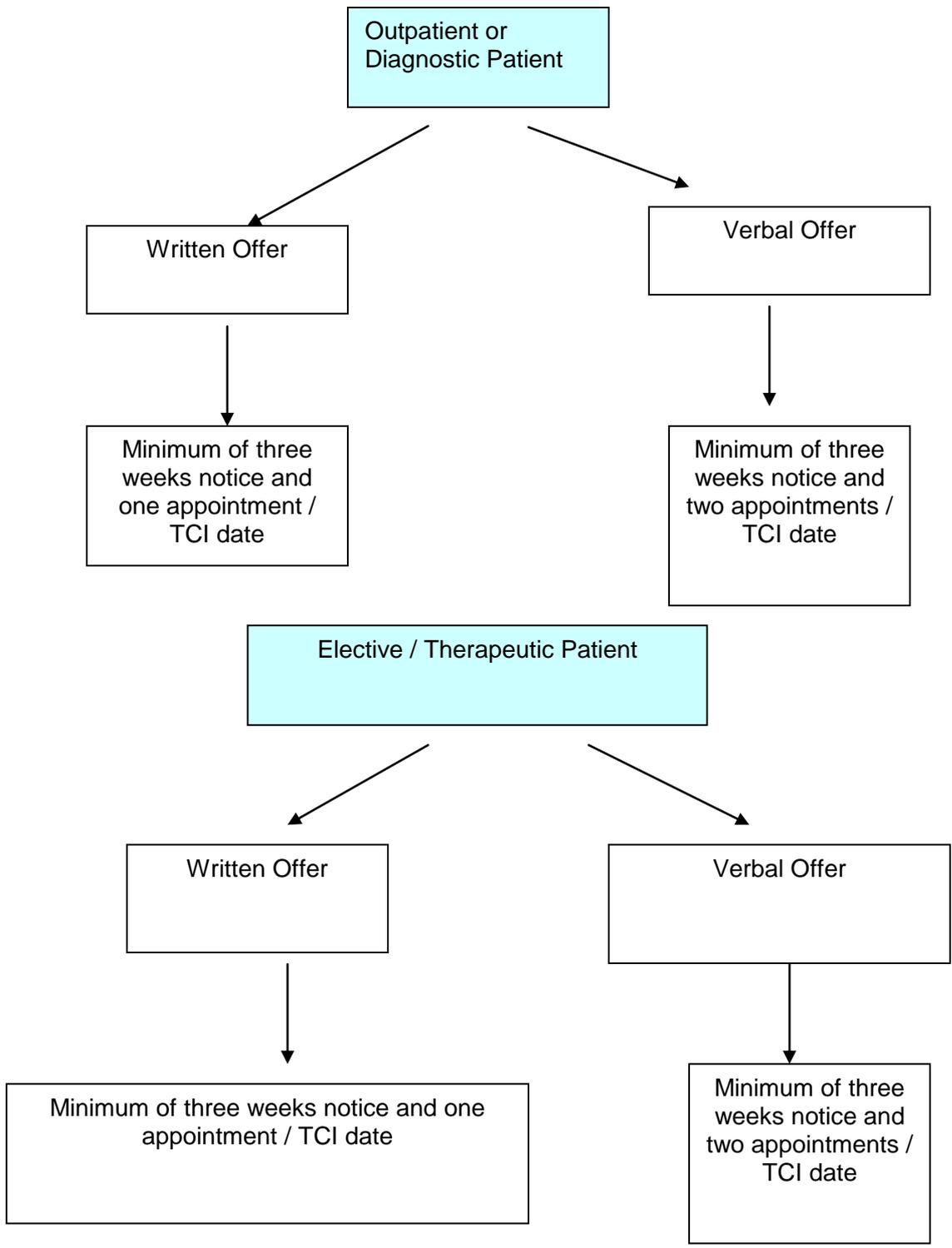
that treatment commences. Please contact the Income Section on x 64973 for an estimate of the cost of treatment. Deposits may be taken by cheque, cash, credit card or debit card. Credit or debit card payments can be taken via the Cashiers" Office (contact x 64013). Immediately necessary treatment must not be withheld because a deposit has not been paid – invoices can be raised for overseas visitor treatment retrospectively but the patient must be asked to sign an agreement to pay form at the earliest possible time in order to secure the income due to the Trust.

## Action Card 13 – Overseas Visitors – Baseline questions and relevant pathways Flowchart

**Note| All treatment provided in an A&E Department is free but emergency or urgent treatment provided in any other setting is chargeable unless the patient is exempt**



**Action Card 14 – Reasonable Notice**



## Action Card 15 – Elective Admission – Patient Cancels TCI date through Illness or Short Notice

Patients should be offered a TCI date with a minimum of three weeks notice unless they have requested a short notice TCI date.

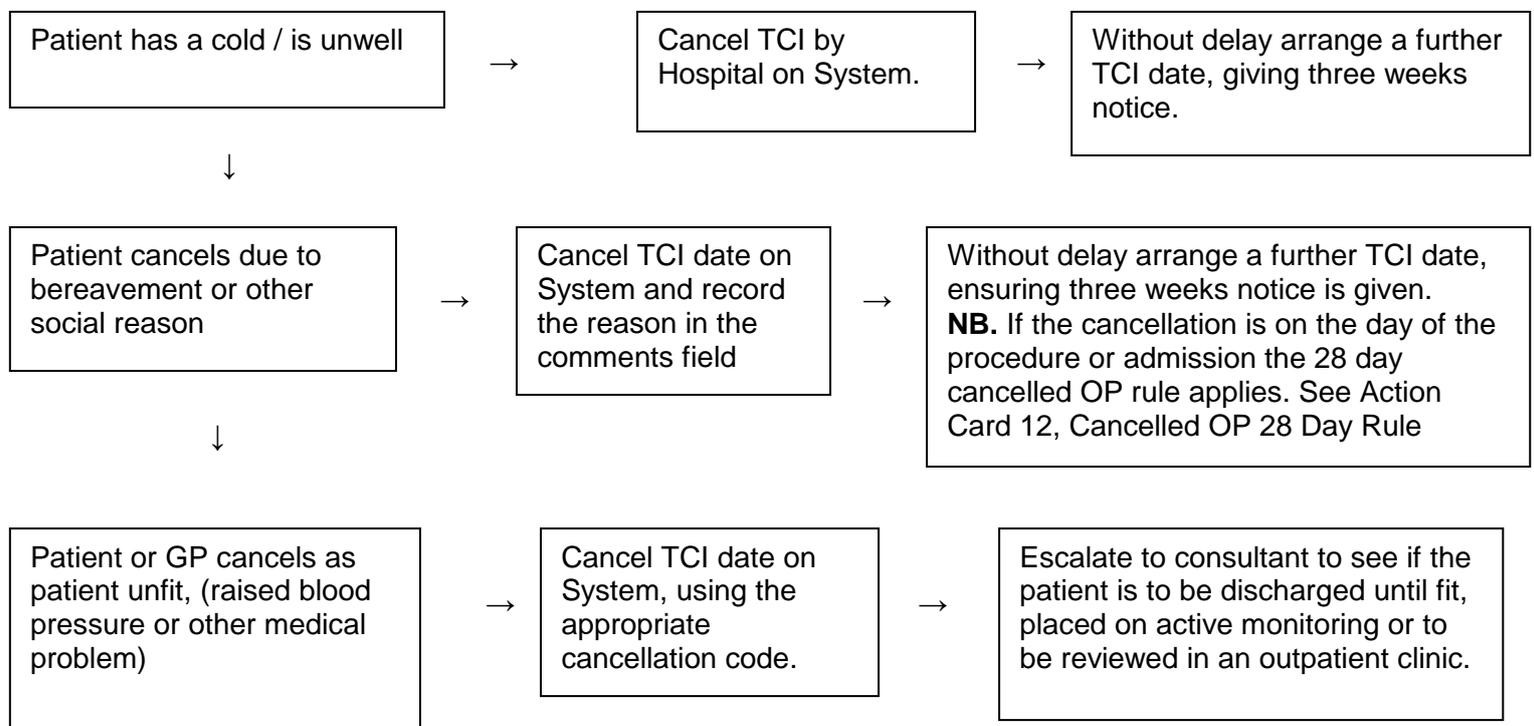
- Staff must ensure when a patient cancels an offered TCI date, he/she is not unfairly penalised, i.e. the calculated waiting time is not set to zero inappropriately.

When a patient is offered a TCI date with less than 3 weeks notice and cancels the TCI because of short notice or illness – regardless of notification period, (i.e. bad cold, flu, bereavement etc), follow the process below:

### Reason



### Actions



### NB.

As long as the sufficient amount of notice has been given, if a patient contacts the hospital to cancel their surgery due to a cough/cold, you will need to know if the surgery could still go ahead, taking into account the patients condition. Some specialties would still perform the surgery and therefore you will need to cancel the pre-admission on the trust system as a patient cancellation. In these circumstances, ENT specialty would not proceed with surgery if the patient informed us that they were unfit due to a cough /cold, making this a hospital cancellation.

## Action card 16 – Elective Admission – Cancelled Operation 28 day rule

The NHS Plan gives a clear commitment that if a patient's operation is cancelled on the day of Admission or Day of Surgery for non-clinical reasons, the hospital **must**:

- Offer another date which falls within 28 days of the cancelled procedure date, or pay for the patient's treatment at another hospital and or time of their choice.
- 28 days is measured as the time between the cancelled operation date and the new operation date, i.e. day 1 is the day after the cancelled operation date.
- All offers of new TCI dates should be made within 5 working days.
- If the patient is approaching the current maximum wait time, this will override the 28 day target and therefore the patient must be given a TCI date to meet the maximum waiting time target.

### What are Non-Clinical Reasons?

- Some common non-clinical reasons for cancellations by the hospital include: ward beds unavailable; surgeon unavailable; emergency case needing theatre; theatre list over-ran; equipment failure; admin error; anaesthetist unavailable; theatre staff unavailable; and critical care bed unavailable.

### What is Included?

- All planned or elective operations should be counted including day cases. As a general guide, include all patients where an OPCS-4 operation code procedure was to be carried out. Do not include minor outpatient procedures.
- Patient admitted and discharged on day of admission or day of cancelled operation.
- Telephone cancellations to patients on the day of admission or day of operation.
- Patient listed with invasive x-rays e.g. Angiographies who have been cancelled on the day of admission or operation.

### What is Excluded?

- An operation which is rescheduled to a time within 24 hours of the original scheduled operation is classed as a postponement and not as a cancellation. For postponements, the following apply:
  - the 24 hour period is strictly 24 hours and not 24 working hours, i.e. it includes weekend/other non-working days
  - the patient should not be discharged from hospital during the 24 hour period
  - a patient cannot be postponed more than once (if they are then they count as a cancellation)

## Action Card 17 – Outpatient Registration and Appointment Basic Rules

**Aim:** All new referrals should be booked to attend an outpatient clinic within the target waiting times.

**Process:**

Receive referral letter, date stamp, and register on PAS within 2 working days of arrival into the Trust.



Check, update registration screen to ensure address, postcode and GP are present and correct. Register patient with a hospital number if not already registered on PAS.



Send the referral to the consultant who should:

- Decide if the referral is appropriate. (if not, send back to GP)
- Decide where the patient needs to be seen, i.e. as an outpatient or for a diagnostic test, (X-Ray, bloods etc).
- Grade referral as Urgent, soon or routine.
- Re-direct referral to other to consultant with appropriate sub-specialty, with as little loss of time as possible. PAS will need to be updated to reflect this.

Where possible each Division should aim to have all referral letters triaged by clinicians within a 2 working days time scale.



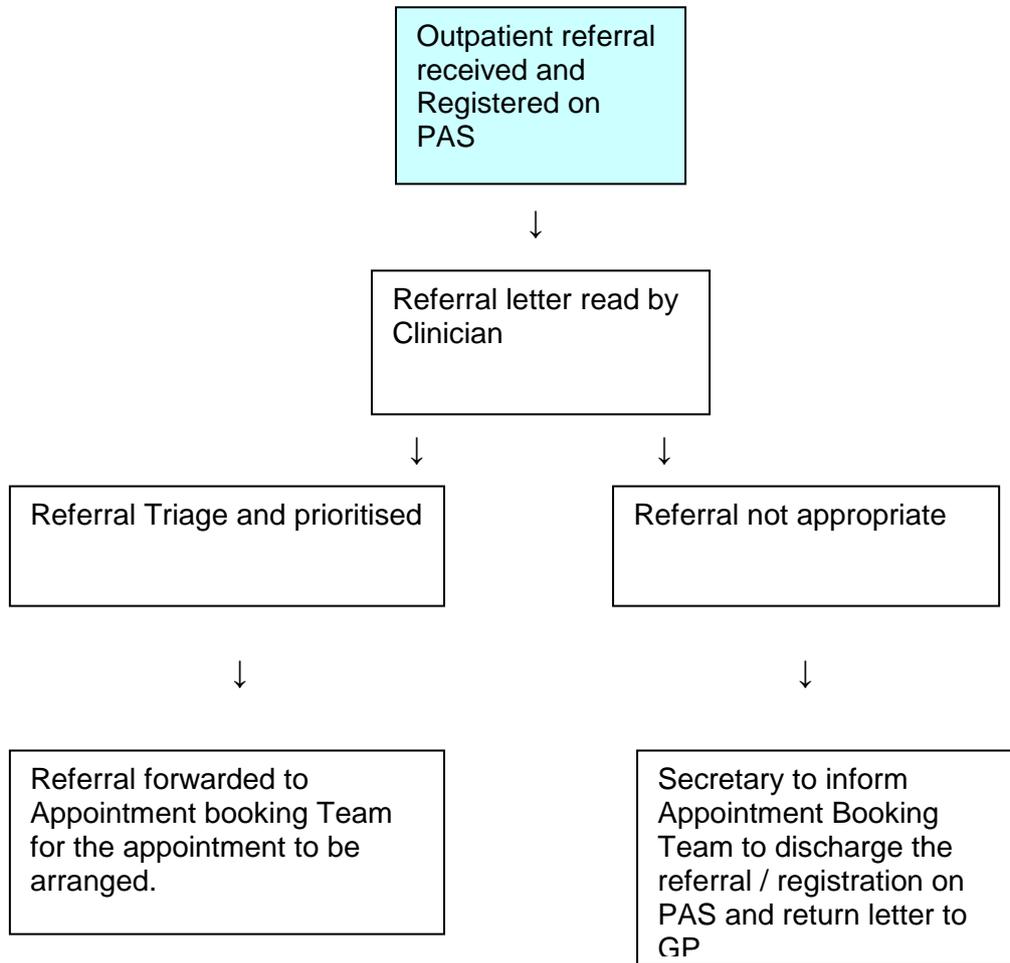
Referrals need to be forwarded to your outpatient booking teams so that appointments can be booked.

For areas within the Trust that provide a partial booking service, confirmation letters of receipt of referral and notification of the patient being added to the waiting list, must be sent to patients.

**NB:**

Please see Choose and Book section for managing CAB referrals

**Action card 18 – Outpatients: Referral / Registration Process**



**NB:**

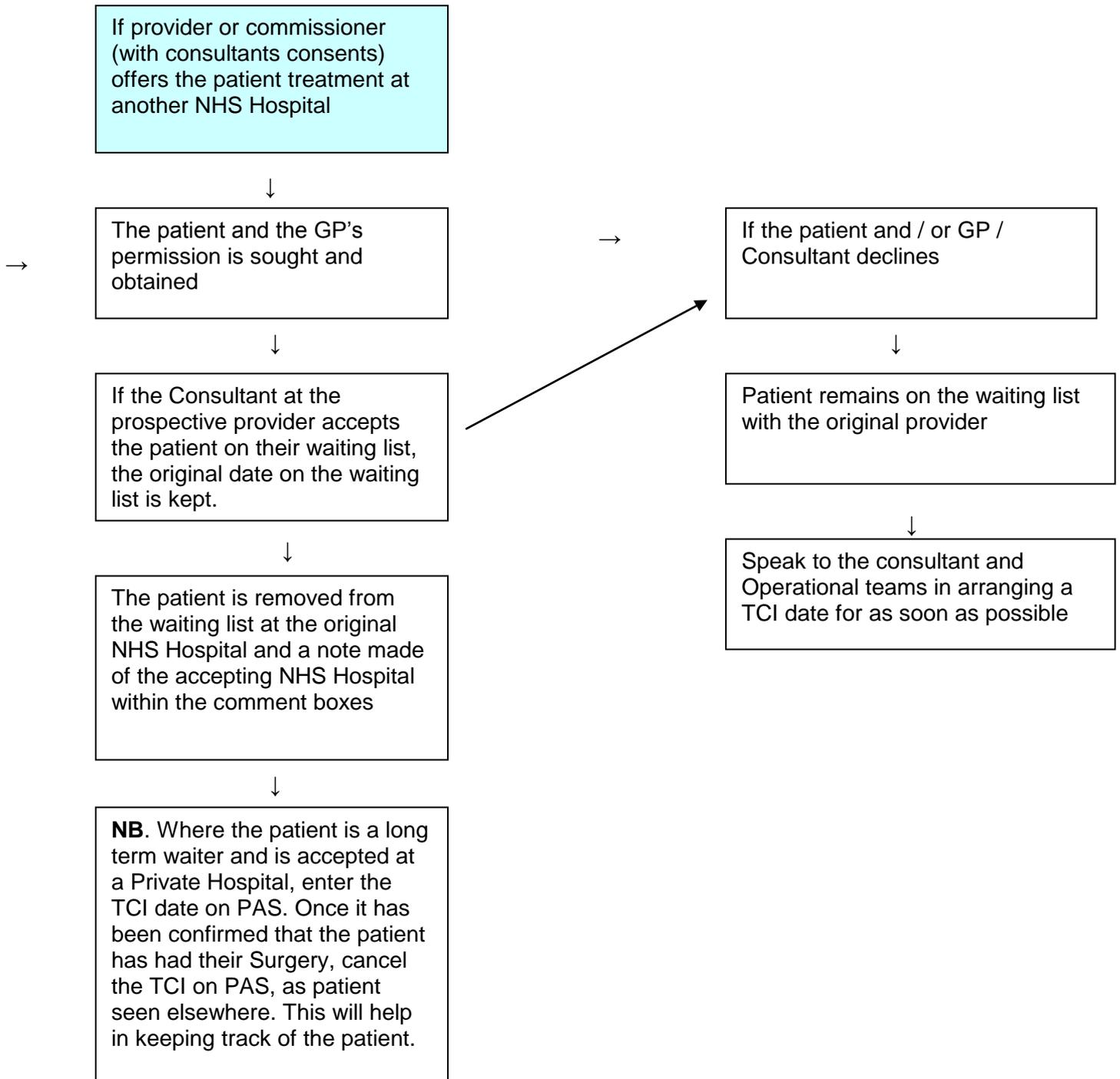
Please see Choose and Book section for Managing CAB Referrals

**Action Card 19, Elective Inpatient – Transferring Patients to and from a New Provider.**

Transfers to alternative providers must always be with the consent of the patient, their GP and the transferring Consultant.

If a patient does not wish to be transferred, the original provider must ensure the patient is admitted for treatment in compliance with the NHS Plan targets.

Provider or Commissioner suggests the transfer:



**Action Card 20 Example of a Clinic Outcome Form**

**Central Manchester University Hospitals NHS Foundation Trust  
Children's Division – Clinic Outcome Form**

**Section A - Patient & Clinic Details (to be completed by clinic admin staff)**

Affix patient's label	Consultant: _____
	Clinic date: _____

**Action to be taken following a DNA (to be completed by clinician)**

Did the patient DNA the previous appointment Yes / No

Further Appointment to be arranged (if this is the first DNA) Urgent ( ) Routine ( )

Choose and Book referrals are automatically discharged – Referral needs to be re-registered? Yes / No

Patient to be discharged Yes / No

(Standard discharge letter to be sent to Parent and copied to GP, referrer and Community Paediatrician) – Ensure you dictate this letter

Are there multi agency issues to be considered prior to discharge Yes / No

Patient has DNA'd the first outpatient appointment on their pathway and is to be offered a new appointment (New pathway starts from the date of re-booking)	33A
Patient has DNA'd the first outpatient appointment on their pathway and is to be discharged and OP registration closed	33A
Patient has DNA'd for a second time and is to be offered a new appointment (Clock does not stop)	Use current status code

Patient Attended

(Please tick and go to Section B)

**Section B – Clinic Outcome & Pathway Status (to be completed by clinician)**

**PLEASE TICK ONE BOX ONLY**

**ARE YOU CLOSING THE PATHWAY FOR THIS CONDITION?**

<input type="checkbox"/>	The patient has <b>TODAY</b> received their first treatment in The Outpatient Dept.	30B [P2TO]
<input type="checkbox"/>	A clinical decision has been taken to monitor progress	32A [P2WW]
<input type="checkbox"/>	A clinical decision has been taken that this patient does not require treatment	34A [P2DN]
<input type="checkbox"/>	The patient/carers have requested a period of monitoring to consider treatment options (Not to be used if patient is unavailable for social reasons)	31A [P2WW]
<input type="checkbox"/>	Patient/carers has declined treatment	35A [P2TD]
<input type="checkbox"/>	The patient has previously received their first treatment	90A [P4TG]
<input type="checkbox"/>	A decision has been taken previously that the patient is to undergo monitoring	91A [P4WW]

Further appointment: weeks: \_\_\_\_\_ months: \_\_\_\_\_ Discharge \_\_\_\_\_

**IS THE PATHWAY ONGOING FOR THIS CONDITION?**

<input type="checkbox"/>	Decision to list the patient/given the patient a date for surgery	10A [P1DI]
<input type="checkbox"/>	Investigations required prior to treatment commencing (see Section C)	10D [P1IR]
<input type="checkbox"/>	Referred internally to other clinician / speciality for the same condition	10E [P1RO]
<input type="checkbox"/>	Referred externally to another trust	21A [N/A]

Further appointment: weeks: \_\_\_\_\_ months: \_\_\_\_\_

**ARE YOU OPENING A NEW PATHWAY FOR A NEW / DIFFERENT CONDITION?**

<input type="checkbox"/>	Decision to treat the patient as an inpatient / day case	12A [P1DI]
<input type="checkbox"/>	Investigations required prior to treatment commencing (see Section C)	12D [P1IR]
<input type="checkbox"/>	Referred internally to other clinician / speciality	12E [P1RO]
<input type="checkbox"/>	Referred externally to another trust	21A [N/A]

Further appointment: weeks: \_\_\_\_\_ months: \_\_\_\_\_

**ARE YOU OPENING A NEW PATHWAY DUE TO CHANGE IN TREATMENT?**

<input type="checkbox"/>	The patient has previously received treatment, but the condition requires new or further treatment	10G [P3DT]
<input type="checkbox"/>	The patient has previously received treatment, but now requires further investigations (see Section C)	10G [P3IR]
<input type="checkbox"/>	Monitoring has ended – new investigations required (see Section C) – start new pathway	11A [P3DT]

Further appointment: weeks: \_\_\_\_\_ months: \_\_\_\_\_

**INVESTIGATIONS/PROCEDURES****Section C. Investigations Required****Section D. Procedures Completed In Clinic**

PROCEDURE	CODE	SIGNATURE
URINE	U26.3	
BLOODS	X36.9	
WOUND SWAB	S57.9	
USS	U21.6	
X-RAY	U21.7	
PEAK FLOW	E93.1	
PEAK FLOW (TECHNIQUE)	E97.1	
SKIN PRICK ALLERGY	U28.9	
ECG	U19.9	
ECHO	V20.9	

**CO MORBIDITY OUT PATIENT CODING**

PROCEDURE	CODE	SIGNATURE
PRIMARY DIAGNOSIS CODE	Z03.8	
ASTHMA	J45.9	
C.O.P.D	J44.9	
IDDM	E10.9	
NIDDM	E11.9	
HYPERTENSION	I10	
PERIPHERAL VASCULAR DISEASE	I73.9	
ISCHAEMIC HEART DISEASE	I25.9	
ANGINA	I20.9	
ATRIAL FIBRILLATION	I48	
HYPOTHYROIDISM	E03.9	
HYPERTHYROIDISM	E054.9	
ANAEMIA	D64.9	
VON WILLEBRANDS	D68.0	
SICKLE CELL TRAIT	D57.3	
THALASSAEMIA TRAIT	D56.3	
HIV STATUS	Z21	
ARTHRITIS	M13.99	
OSTEOPOROSIS	M81.99	
EPILEPSY	G40.9	
I.B.S	K58.9	
OBESITY	E66.9	
PSYCHIATRIC ILLNESS	F99	
ANTI COAG THERAPY	Z92.2	

**OTHER DISEASES / DISORDERS (please specify)**

Action Card 21, example of Specialty RTT Pathway

**MANCHESTER ELECTIVE ORTHOPAEDIC CENTRE**  
**REFERRAL TO TREATMENT PATHWAY FOR PATIENT'S REFERRED WITH HIP AND KNEE PAIN**

